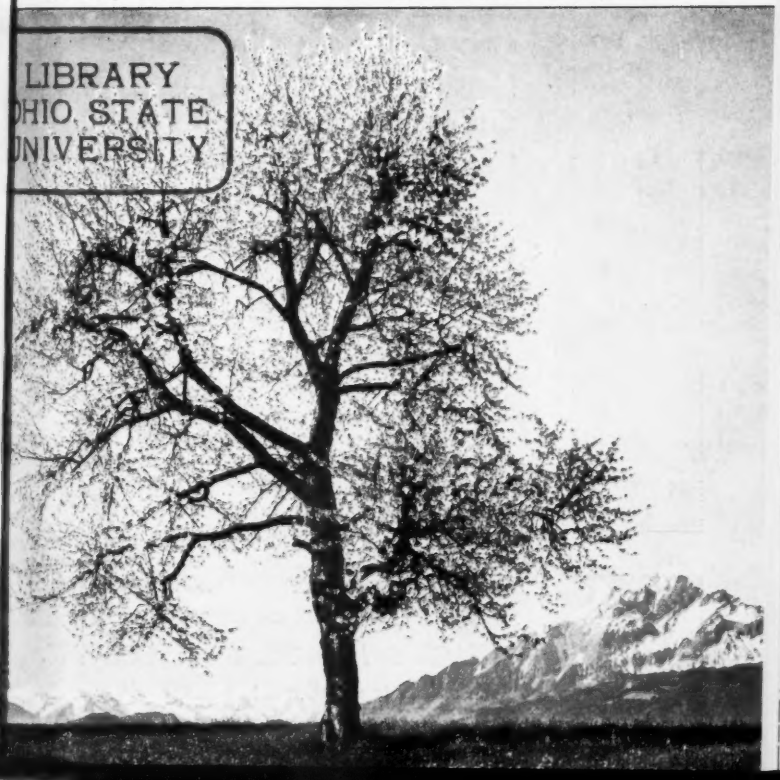
Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

MAY, 1936 • CIRCULATION: 129,000 •



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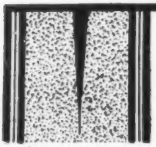

SAMPLES ON REQUEST

FELLOWS MEDICAL MFG. CO., INC.

26 Christopher Street, New York, N.Y.

Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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Physicians and surgeons stress the importance of physical treatment in the management of chronic arthritis.

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SPEAKING FRANKLY

★ *Badge of Honor*

To the Editor:

Kiwanis or Rotary club members wear buttons in their lapels. Thus the public identifies them with a representative organization. How can our patients tell whether or not we belong to our medical society? Why can't we have membership buttons? The public does notice such things.

We ought to be able to display a certificate of good standing in our society. Reputable business men display their Rotary or Kiwanis certificates with pride. Patients would like to know that their family physician is recognized as worthy by his colleagues.

Raymond V. Shroba, M.D.
Joliet, Illinois

★ *Pensions, Please*

To the Editor:

Last September in Speaking Frankly there appeared a letter I had written to MEDICAL ECONOMICS touching upon what, to my mind, is among the most important subjects that can engage physicians: the pensioning, by the profession or the government, of worthy practitioners, particularly those who have practiced general medicine for a period of forty years or more. My letter expressed the hope that it would elicit some interest on the part of other members of the profession. But, up to the present time, not one word, as far as I am aware, has been written upon this vital matter.

I take the liberty of again urging physicians to take steps to render financial assistance to their confreres who are now reaching the evening of life.

W. R. Lastrapes, M.D.
Opelousas, Louisiana

★ *Another Wife Speaks Up*

To the Editor:

I have just read "A Wife Looks Back" (March MEDICAL ECONOMICS), and I say Amen. I have been the wife of a small town doctor for thirty years, and I agree most heartily with the author. . .

It's not easy being a country doctor's wife. It has many problems: being housekeeper, cook, nursemaid, office girl, secretary, and even chauffeur when the doctor is too tired to drive; and making a place socially in the town for one's self and children. But it *is* worth it. I, too, would do it all over again and be content.

Bessie B. (Mrs. Fred E.) Clow
Wolfeboro, New Hampshire

★ *Matter of Courtesy*

To the Editor:

I found "Dr. Smith Announces—" very interesting [February MEDICAL ECONOMICS].

For a number of years I have been using what I call a courtesy card. I have found it valuable. It is the same size as the usual physician's announcement card and simply says that "Dr. Effie L. Lobdell desires to express her thanks to———— for referring————."

People seem to appreciate this card. I use it for a variety of occasions: when another physician sends me a patient, when a friend or another patient sends someone to me for treatment, and even when a pharmaceutical house sends a representative to me with samples.

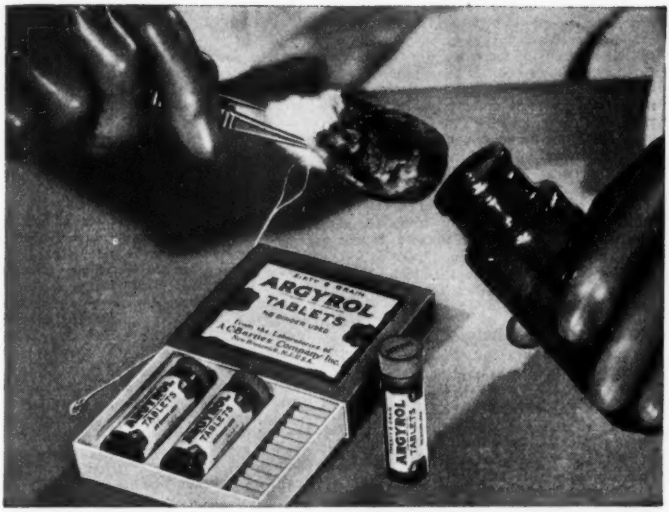
Effie L. Lobdell, M.D.
Chicago

★ *Barter*

To the Editor:

The regulations of the ancient Persians with respect to medical fees are known to us more fully than their medicine. Priests alone were very bad pay, a simple benediction sufficing to satisfy their score. All other persons, however, paid well. The chief of a tribe paid with a farm; a local magnate, paid one large draught-ox; a house-holder, a small draught-ox. The fee for the lady of the house was one she-ass; for the wife of the chief of a family, one cow; etc. Thus famous doctors of that day were able to acquire, in place of our modern stocks, a tolerably fine collection of livestock.

More recently, a physician in a small community on the plains of a western state thrived, and even prospered, by a simple plan. When cash was not available, he received from his patients chickens, eggs, butter, beef, or any farm products that could be used in his home or traded for groceries and articles of cloth-



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ing at the local store. When a surplus accrued, he would send it to a neighboring city and receive cash in payment. Gasoline, oil, and automobile repairs were secured for services rendered. During a period of eight lean years he has accumulated a modest home, some money, and is educating his children.

A physician anywhere, although somewhat hampered by his dignity, may thrive and progress if he will follow this example. His patients may have something to offer in the way of work or material, which they'd be willing to trade for a receipted medical bill. The idea is not new, but it is a good one.

W. Forest Dutton, M.D.
Amarillo, Texas

★ *Cure for Lopsidedness*

To the Editor:

We, the present generation of medical men, have been taught the principles of humanitarianism and altruism with the utmost thoroughness. No less intense is our scientific training. Yet we are notoriously lacking in the principles of self protection in business and finance.

Today's graduate emerges totally lopsided and unable to cope with economic problems. These problems, many and serious, often lead to unhappy results.

Consequently, I make the plea that some course in economics be introduced into the curriculum of each of our medical schools.

Arthur N. Altringer, M.D.
Kansas City, Missouri.

★ *Like Caesar's Wife*

To the Editor:

We are aware of the fact that a large number of laymen are willing and anxious to criticize the medical profession at the "drop of the hat," so to speak; and that we, as members of the profession, should conduct ourselves in a way which would cause no reason for reflection and be above criticism.

Unfortunately, at this time, there happens to be a trial in our local court relative to a cause of death; and we find M.D.'s, members of our beloved profession, pitting themselves one against the other as to whether or not such and such could have caused death.

A few of the doctors were in contact with conditions right from the beginning and were engaged to sift out the facts honestly; others were called in by the opposing side merely to refute the honest opinions of the former.

What a picture of the medical profession that must paint in the minds of the listening lay public! Doctors so anxious to get their names in the paper as to contradict honest veterans in the profession!

If we cannot agree among ourselves let us at least keep it to ourselves and not give the public cause to lose all confidence in us.

M. D.,
San Jose, California.

★ *Dam the Leakage*

To the Editor:

A point at which a great deal of leakage in revenue due the general practitioner occurs, and one which is going to be very hard to remedy, is the emergency hospital in practically all cities.

In former years, it was the custom for practically all fracture, lacerated wound, foreign-body-in-the-eye cases, etc. to be taken to the local M.D. As a rule, satisfactory work was done.

But, through political entanglements and because of the depression, a great many people who are in no way entitled to it are getting a too-liberal first-aid service. Afterwards, instead of being transferred to their own doctor or to the one most available in their neighborhood, they are referred to one of a clique of political "tie-ins." Consequently, those who heretofore got a considerable part of their income from minor surgery cases in their immediate neighborhood now get little or nothing.

I suggest that, in communities of from 10,000 to 50,000, all M.D.'s be registered at least once a year by signing a roster at the local health office and signifying their desire or reluctance to accept emergency cases. Practically all men in general practice would jump at the chance. All patients who applied for emergency help could be referred either to their family physician or to the next man on a rotating alphabetical list.

When the local health officer is in general practice and holds his position through political appointment, it is usually difficult for him to maintain a neutral position. But if a roster could be kept alive by an annual registration, and if all cases were questioned as to their choice of physician, the situation could be greatly improved.

Harold A. Miller, M.D.
Alameda, California

★ *Full Course*

To the Editor:

In my opinion, no one should be permitted to prescribe for or operate upon a sick individual without first having completed a full course in medicine, plus the required premedical education and hospital experience. In other words, a practitioner should take the full course in

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the usual way; and then, if he wants to specialize—whether it be in osteopathy; ear, nose, and throat work; or chiropractic—let him do so.

Anyone engaged in the healing art should be capable of making a diagnosis before treatment is commenced. The short courses given in chiropractic are insufficient to meet these requirements.

I submit that it is reasonable to conclude that a man who has passed examinations in basic subjects, who has had the required premedical education, who has graduated from a class A medical school, who has successfully passed his state board examinations, and who has spent one or more years as an intern in an approved hospital is better equipped to establish a diagnosis than the man who takes a course in something pertaining to medicine, ranging from a few months to two or three years.

I found in England during the World War that many British dentists had both M.D. and D.D.S. degrees. They first take the full course in medicine and surgery; and, after obtaining their diploma, they then take up the course in dentistry. This plan of study should be made mandatory in our country for dentists, osteopaths and, in fact, for anyone who is unwilling to do straight general medicine and who wants to specialize.

W. Hamilton Smith, M.D.,
Hagerstown, Maryland.

★ *A Break for the G. P.*

To the Editor:

For his own good in the long run, the specialist ought to stretch a point now and then in behalf of general practitioners. In all fairness (though it is the single exception that proves the rule), I must relate an instance in which a specialist did just that for me.

I had a case of a young man with an injured kidney that had to be removed. I called in a surgeon from another city to operate. The father of the patient happened to be a rather well-to-do man in my town, and, when the operation was over, he turned to the surgeon and said, "Now, Doctor, what do I owe you?"

To this the surgeon replied, "I want to make it clear to you that for an operation of this sort my usual fee is $250—that is, if I have to make the original diagnosis, and assume full post-operative care of the patient. As it happens, your own doctor made a splendid diagnosis and did everything that was necessary to be done before I got here. Furthermore, he will handle the case from now on. Under the circumstances, my fee is $150, and I think that it is only fair and proper that you consider the remainder, $100, as owing to him."

The father of the patient wrote me a check for that amount quite as readily as he made out the surgeon's check for his services.

This, judging from my own experience, is indeed a rare instance. Still, is there any good reason why the same sort of thing should not happen more frequently?

It *will* happen oftener, I believe, when those specialists who are afflicted with it get over what's slangily known as "the gimmies."

Then, with a better appreciation of what the G. P. means to them in their practices, they may even see the wisdom of giving him a break once in a while.

C. B. Meuser, M.D.
Ashland, Ohio

★ *Prodigal Patients Return*

To the Editor:

The greatest fallacy in commercialized medical practice is its much-advertised economy. It is true that the charges for blood tests and venereal treatments are somewhat lower than those made by the private physician. But here's the money-making angle of medical corporations: When a man goes for an examination, he is given, not one examination at $2 (as advertised), but *several* at $2 each. Draped in a sheet, he proceeds from one room to another—a Wassermann here, a fluoroscopic there, and x-rays somewhere else. After an exhausting tour of many rooms, he is handed a ticket and a bill for each examination and told to come back for reports and diagnosis. Finally, after spending money and time patronizing these corporations, the patient returns to the family physician a poorer, wiser, and, probably, sicker man.

J. T. U. Renaud, M.D.
Chicago, Illinois

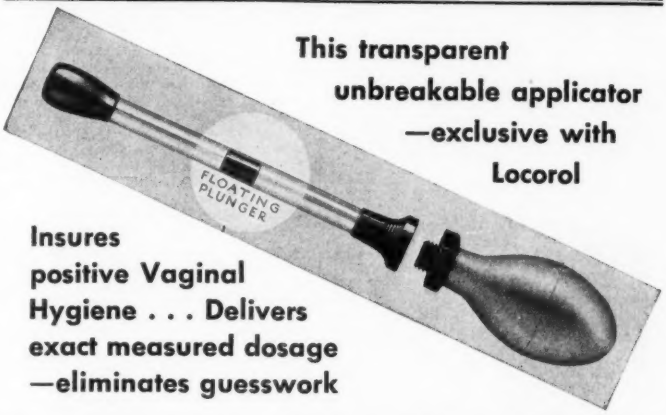
★ *Contract in Oakley*

To the Editor:

Your series, "Buying Health in Advance," prompts me to describe the Resident Doctor's Association, a plan under which I began about six months ago to care for residents of the village of Oakley, Idaho. Briefly, it works as follows:

Lay members pay 50 cents a week per family unit (this includes all dependent members of a family); single persons pay 30 cents a week. The service covers all office calls and house calls within a radius of two and a half miles. There is an additional charge of twelve cents per mile for any call further away from my office.

Obstetrical, venereal, and operative work are not included under the provisions of the plan. But there is a



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special fee for members of the plan who require attention of this sort. I handle obstetrical cases for $25, do a tonsillectomy for $20, and discount 25% of the fees for all other operative work. A similar discount is given by the local druggist on all my prescriptions to members of the association.

Any qualified resident of the community is eligible for membership. However, I have limited the membership list to 200 family units and 15 single members.

Membership fees are paid into the office of the village clerk, a bonded man, who issues a card showing how far in advance payment is made. I collect the money due me at the end of each week. Advance payments are retained by the clerk.

If any one becomes two weeks in arrears, I have the option of dropping him from the list. So far, this has happened only in a few cases where families have moved away. When this occurs a new name is added to take the place of the one that has been dropped. The new member is taken from a waiting list made up according to the order in which application for membership has been made.

I am the only physician in Oakley, and I find consequently that my income from the plan, plus extra work (obstetrical, operative and private practice among non-members) provides me a financial return that compares favorably with that of other men in small communities.

Thus far, I have found that the members have been quite considerate in not requesting my services unless really needed.

Oakley has a population of nearly 1,000 people with almost as many more within a radius of about eight miles.

Eugene Schreiber, M.D.,
Oakley, Idaho.

★ *The Importance of Growth*

To the Editor:

This letter is addressed specifically to physicians confronted with the problem of where to practice medicine.

On all sides today we hear the cry that large cities are super-saturated with doctors and that the younger professional man should locate in a rural section where he can exercise his abilities and gain experience. Some time ago I joined the ranks of those who have accepted this argument as valid. "Since the city specialist does nearly everything in his line at general-practice rates," I told myself, "what chance has an embryo

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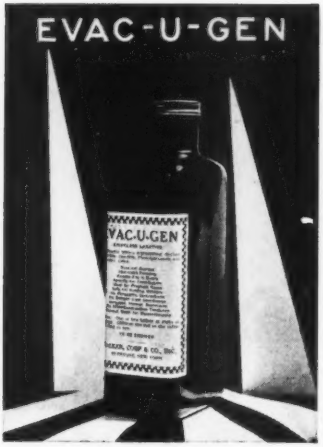

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doctor in such environment of becoming more than a mere pill-pusher?"

So saying, I cut hospital connections (sixteen hours a day in a dispensary), an instructor's job, and a life of prestige. I settled in a rural community. There were two small towns of 400, close together. And the nearest doctor was five miles away. Rent was low and a doctor in demand.

Patients began arriving a few hours after I hung out my nameplate. Most of them paid cash, and even the poorer ones were anxious to pay something by way of keeping in favor. Free clinics a good 40 miles away placed a premium on nearby medical services. Another stimulus for the local doctor was the farmers' objection to pay mileage for the distant doctor's visit.

In this locale practice grew rapidly and financial returns were substantial.

But what about the medical side of it? Where was the golden opportunity to try my medical wings? How was I to get the type of experience I needed?

Among most of my patients the needle was shunned with fear. Prophylaxis was thought foolish. Obstetrics was plentiful, but old Doctor So-and-So "used to charge us $5. How come your high price?"

Generally I was called the night labor began and got in my history and examination between pains. By the half-light of a soot-spouting oil lamp my patient and I awaited nature's pleasure...

How about performing that anatomic repair I so proudly learned back in the hospital days? Difficult without anesthesia, yet I did the best I could with simple through-and-through sutures. Of course the attempt proved futile when I found the patient sitting up on the third day post partum...And what a rotten doctor if I didn't give the baby a bath the first thing.

Eventually, of course, a handful of people did begin to accept the new ideas. Nevertheless, it would have required years to increase this number sizably. Meanwhile my own medical growth would have stopped.

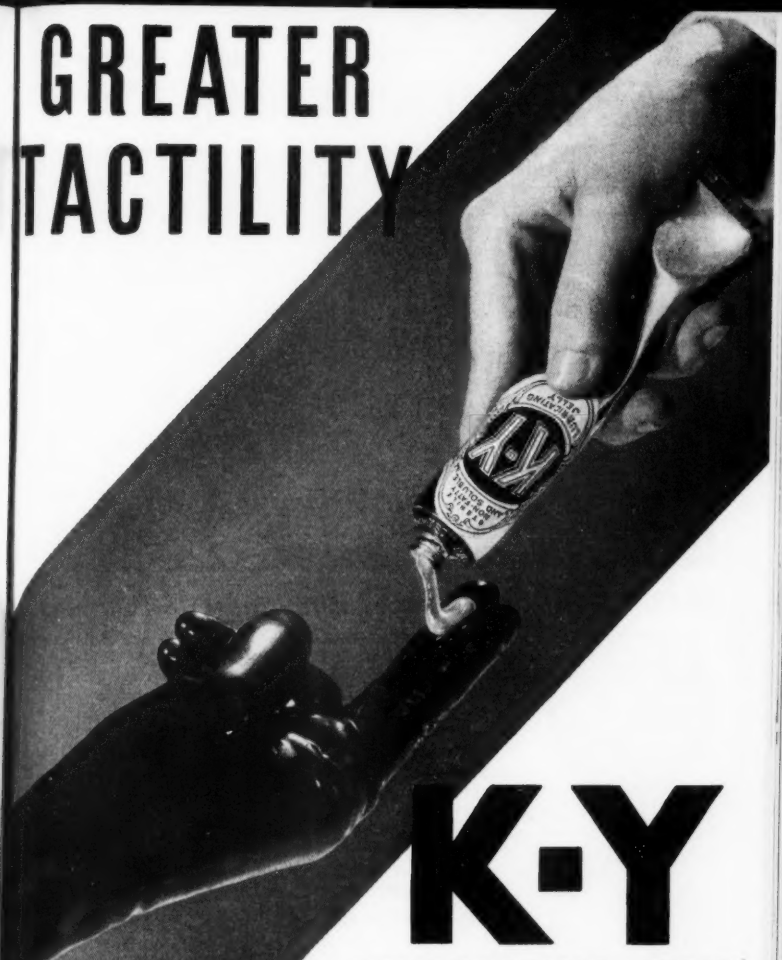
It is true that a man in practice must learn to rely on himself. Yet primitive trial-and-error methods are not the only avenue to success. Explorers and sea captains have removed legs and even appendices without any training. But of what value is such experience in producing a finished surgeon or physician?

After a year spent in the location mentioned here, I withdrew to a town of 10,000—closer to a large metropolis and its influence.

Financially, my new start may not be so easy, but my development, medically, is again under way.

M.D., Pennsylvania

GREATER TACTILITY



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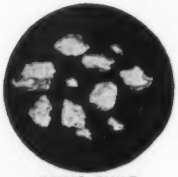

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SIDELIGHTS

THE depression that has been chewing away at our various assets since 1929, broke its teeth on life insurance. Figures for the past five years demonstrate that only about eight-tenths of 1% of the total invested in life insurance was lost in the wreckage of companies that folded up during that time.

Anyone who has a batch of policies to wave will experience

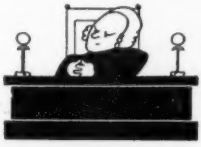
little difficulty in scaring that wolf off the front porch.

ONE of those radio announcers whose unctious diction fairly drools through the microphone described the "kiddies" at the White House Easter-egg roll as being "just terribly delighted with it all." Dr. M. M. Hursh, who last month divided a $50,000 Easter egg in the form of canceled accounts among some of his clients, undoubtedly elicited a similar, though less childlike, reaction. But we can't help thinking—and this is no reflection on Dr. Hursh's altruism—that the kindly deed may have an unkind kickback. Conceivably, some of his patients (and those of other physicians) may gain the impression that, instead of settling up, they can settle back and wait for their unpaid bills to be written off. A less dangerous but just as effective method of obliterating impossible obligations is to cancel them one at a time in private, instead of on a wholesale basis with attendant publicity.

THERE'S a cheerier note in the American farmer's exhortations to his plow horse this spring. His money crop looks good. In February he harvested $469,000,000 from the sale of farm products alone, $68,000,000 more than during the same month last year when $52,000,000 in AAA benefit payments were included.

Barring dust storms, drought, overproduction, and other agricultural nightmares, the rural practitioner's 1936 income may be expected to achieve a lustier growth than it did in 1935.

OF the thousands of lawsuits filed against the profession in the last few years, it has been estimated that 90% never got to the courthouse, 7% were won by physicians, and 3% lost. That last percentage is heartening. Nevertheless, its smallness is no reason for relaxing our vigilance



against certain scavenging shysters who, through legal loopholes, continually snatch at our time, reputation, and money. A satisfactory exterminator may be

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made up of one part society membership, one part medical indemnity insurance, and one part caution in the conduct of our everyday practice.

YOU may recall that last month we carried one of our smaller but none the less brightly burning torches—urging the substitution of "M.D." for "Doctor" on letterheads, cards, statements, announcements, and office signs. Oregon has gone us one better. We cheer its forwardness. The state has decided to sort the wheat from the chaff in its crop of "Doctors." No longer will cultists there be able to imply that the hard-won qualifications of physicians attach to them also. A statute passed recently requires anyone who uses the term "Doctor" in connection with his practice of the healing art to identify what sort of a doctor he is. From

now on no naturopath, chiropractor, or the like can put his name on paper or on a shingle as "Doctor J. Q. Wrench," for instance, and let it go at that, without running the risk of legal chastisement.

The Oregon law would be becoming to any state. In the meantime, let us use "M.D." whenever we can. Cultists have taken our title, and too often, our patients —but the "M.D." and all it stands for is something they can't appropriate.

NOT a whit diverted by the fiddle-faddle that blurs the basic economic outlines of the Townsend Plan, a special probing committee sponsored by the Twentieth Century Fund (April MEDICAL ECONOMICS, page 136) has blanketed the whole idea with disapproval. Chief reasons for the downward twist of the committee's thumb: the cost, to taxpayers, of providing the $200 pensions would be six times as high as the Messiah of the Aged estimates; the administration of the O.A.R.P. set-up "baffles the imagination."

The same blemishes, with others, spoil the appearance of compulsory health insurance and state medicine for those who peer closely enough. Keep that in mind the next time you hear, read, or talk about any scheme to thrust medical practice into the hands of the government.

HEARD through the applause that greeted Dr. Thomas Parran, Jr.'s recent ascension to the surgeon-general's throne was an unmistakable murmur of conjecture. Physicians had not forgotten that his utterances and writings during recent years bespeak a socialistic turn of mind.

Just before he packed his bags for Washington, Dr. Parran uncorked an address before the New York Tuberculosis and Health Association that exuded a noticeable bouquet of socialism. He started by calling the social security program "one of the most significant events in the history of public health in this nation." Then he added: "The whole population, employed and unemployed alike, needs a better distribution of good medical, dental, and nursing care. For those who are destitute, all necessities of life including medical care must be provided. For the one half of the population who even in the prosperous 20's had an income too small to provide for itself all necessary medical services, public funds must support individual efforts."

Many a panegyric on state medicine has been woven of similar stuff.

The records show that the new surgeon-general has never engaged in private practice. His

career, a notable one, rests on a pyramid of public health positions. Now that he has reached the apex, what may be expected? Medical men are going to watch his course at the capital with no small interest.

One of the last things Dr. Parran did before taking over his present office was to lament that the social security act "falls short of the millenium the good health officer longs for." Apropos of this, let it be pointed out that a health officer's millenium may well be a private practitioner's purgatory.

IN the oft-praised "good old days" a man rotted in jail for his debts. It made no difference

whether he just wouldn't or simply couldn't pay.

Nowadays, bankruptcy instead of a cell beckons the man who won't or can't settle his bills. For the dishonest debtor, it's much nicer than the old way. He can slide out from under a pile of duns, live on the income from property he has signed over to his wife, and laugh at the people who trusted him.

New York State, deciding that debtors should be disciplined instead of spared, has returned to the ancient concept. There, prison waits for the man who can pay his debts according to an instalment program ordered by the court and then fails to do so.

It strikes us that this is first-rate medicine for the ubiquitous deadbeat, and should be dispensed by every state.

A unique request quavered up through the pipe line that had been inched through 141 feet of Nova Scotia rock and soil into a mine where last month three men were incarcerated—one dead, two nearly so. Dr. D. E. Robertson wanted a fountain pen. Nine days in a deathtrap—and the man was asking for writing material. Those who waited up above, including Mrs. Robertson, wondered why. Finally they reached an obvious conclusion: He wanted to write a will.

Death was doubly considerate of Dr. Robertson. It not only passed him by, but it reminded him of a duty that none of us has any right to shirk. It is not always so thoughtful.

Why wait for a narrow escape?

YOUTH has been glorified to a fare-thee-well by politicians, poets, and preachers. But there's room for more attention to it in organized medicine.

Grinning with appreciation, interns at the De Paul Hospital in St. Louis learned a few months ago (March MEDICAL ECONOMICS, page 27) that the institution had given them memberships in the local medical society. No less pleased were the society's officers. To prove it, they adopted "Intern Night" recently, which, as its name implies, is dedicated to giving youth its fling at delivering papers.

It is important to note that the medical society didn't simply sit back and nod approval of the hospital's constructive action.

The current accent on youth is not confined to St. Louis. The New York County Medical Society, too, according to Dr. Charles E. Farr, president, is making arrangements to give its neophytes "an opportunity to try their hands at running their own affairs and even to tell their elders how to run theirs."

You don't have to dig far to find the good red ore in this. The young fellows acquire a zest for their society and activities, and organized medicine gains strength from new blood.

—WILLIAM ALAN RICHARDSON

XUM

Your Income and Expenses

HERE'S WHAT THEY SHOULD AMOUNT TO, REPORTS FROM 4,565 DOCTORS REVEAL

THE average U. S. physician last year earned $3,792 net. His gross income was $6,139. His professional expenses totaled $2,528.* Of every dollar earned, he collected 74 cents. His investment in medical equipment amounted to $2,756.

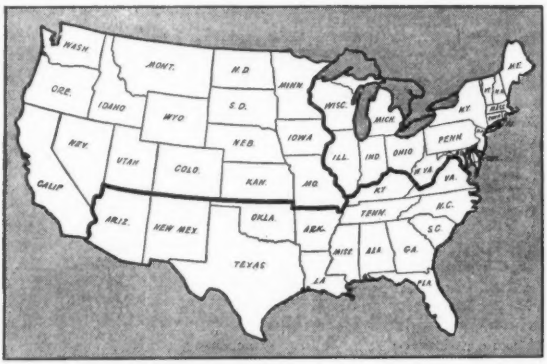
These are the key findings of a survey of physicians' incomes and expenses, just completed by MEDICAL ECONOMICS.

The study was undertaken by means of a questionnaire postcard inserted in the January issue. Readers filled out and returned 4,565 of them.

*Few of the figures reported here and in the table tally with each other exactly (e.g., $6,139 gross minus $3,792 net equals $2,347 instead of $2,528, the reported expense average). Nor has any attempt been made to "adjust" them. They have been tabulated exactly as they appeared on the questionnaire cards.

Among the most significant facts brought to light are these (comparing the physician's economic status today with what it was a few years ago):

Collections are improving.



For purposes of the survey, the country is divided (note heavy lines) into three main sections: East, West, and South.

Incomes are essentially the same.

The costs of practicing have declined.

The betterment in collections, while not startling, bespeaks a fortunate trend—one destined, it seems, to outmode the old bromide that doctors are poor business men. Ten years ago a 74% collection average would have been something to talk about. Even in 1932 physicians collected only 68 cents on the dollar.

The 1935 net income figure of $3,792 shows a decline from $3,969 reported by readers in 1933.

However, the difference is so slight that it may almost be overlooked. Possible income improvement so far this year does not show in the survey since all the figures it includes apply to 1935.

Professional expenses reveal the most striking change of all, having dropped 22% during the past five years. In 1930 it cost the average physician $3,225 to carry on his practice; last year his costs were only $2,528. This shows clearly the results of retrenchment during the depression.

Interesting as these figures may [*Turn the page*]

This article gives the salient results of Medical Economics' nationwide survey of physicians' incomes and expenses. Subsequent articles will include more detailed analysis of incomes, professional expenses (rent, office salaries, instruments and equipment, automobile upkeep, drugs and supplies), collections, and the doctor's investment in medical equipment.

INCOME, EXPENSES, COLLECTIONS, AND INVESTMENT IN EQUIPMENT OF 4,565 PHYSICIANS IN 1935.

(by region, length and kind of practice, and size of community)

EAST

Years in practice	Less than 10		10-20		More than 20	
	Gen.	Spec.	Gen.	Spec.	Gen.	Spec.
Under 2,500 population						
Gross income	4733		6083		4266	
Professional expense	2134		2200		1838	
Net income	2928		4027		2405	
Collection percentage	77		76		70	
Investment in equipment	1807		2446		2318	
2,500 to 10,000 population						
Gross income	4948	6500	7420	8630	5620	7337
Professional expense	2087	5190	2905	3112	2073	2046
Net income	2969	4733	4491	4950	3478	4854
Collection percentage	77	79	76	73	74	76
Investment in equipment	1825	2633	3414	3204	3023	2422
10,000 to 50,000 population						
Gross income	5136	7282	7875	11012	5109	9257
Professional expense	2259	3450	2902	4442	2151	4011
Net income	2981	4269	4854	6188	3063	5409
Collection percentage	72	80	76	84	66	79
Investment in equipment	1840	2304	2221	2655	2129	5024
50,000 to 500,000 population						
Gross income	4543	6316	6638	9912	5749	9901
Professional expense	2000	2589	2459	3937	2062	4276
Net income	2881	3744	4021	5990	3342	5719
Collection percentage	75	81	78	84	71	79
Investment in equipment	1781	2243	2524	3868	2107	4927
Over 500,000 population						
Gross income	3408	6273	6074	8358	5181	7945
Professional expense	1674	2368	2572	3630	2148	3739
Net income	2070	3930	3773	4684	3173	4452
Collection percentage	83	86	81	81	77	82
Investment in equipment	1432	2033	2642	3227	2342	4794

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be, they are incidental to the main purpose of the present survey, which is to show *you* what *your* income and expenses should amount to, judging from the experience of other physicians who have been in practice for the same length of time, in the same branch of medicine, in the same section of the country, and in the same sized communities.

To "find yourself" financially, simply refer to the accompanying table. It covers three major divisions of the country: East, West, and South (map, on page 18, shows you in which division your state is located). After you have turned to the proper geographic division, find the section of it devoted to communities of the size in which you practice; then choose one of the three main columns opposite it, in accordance with the number of years you have been in practice; and, finally, put your finger on whichever of the two smaller columns applies to you, depending upon whether you're a general practitioner or a specialist.

That's *your* column. In it are five figures. They show what your income and collections should be,

INCOME, EXPENSES, COLLECTIONS, AND INVESTMENT IN EQUIPMENT OF 4,565 PHYSICIANS IN 1935.

(by region, length and kind of practice, and size of community)

WEST

Years in practice	Less than 10		10-20		More than 20	
	Gen.	Spec.	Gen.	Spec.	Gen.	Spec.
Under 2,500 population						
Gross income	4609		4918		3982	
Professional expense	1749		1949		1686	
Net income	2670		2883		2286	
Collection percentage	75		64		67	
Investment in equipment	1549		2845		3372	
2,500 to 10,000 population						
Gross income	5506	4925	8111	6265	4860	8048
Professional expense	2173	1550	2783	2807	1938	3319
Net income	3398	2946	5039	2100	2759	4651
Collection percentage	68	65	69	58	69	80
Investment in equipment	2035	900	3955	2600	2938	5261
10,000 to 50,000 population						
Gross income	5864	5676	9449	10468	6543	7293
Professional expense	2332	2405	4700	4429	2713	2929
Net income	3648	3258	4931	6105	4131	4588
Collection percentage	65	76	71	75	72	74
Investment in equipment	2089	2414	4039	4867	3305	3211
50,000 to 500,000 population						
Gross income	5005	5679	5999	10541	4661	10437
Professional expense	1865	2136	2349	3992	1860	4381
Net income	3298	3907	3679	7211	3159	6094
Collection percentage	73	77	70	80	66	76
Investment in equipment	1500	1607	2757	3647	2203	3896
Over 500,000 population						
Gross income	3923	10386	4922	10738	4334	11622
Professional expense	1504	3461	2359	4250	2382	4807
Net income	2594	8357	2724	6636	2693	6712
Collection percentage	78	78	80	82	69	80
Investment in equipment	1182	5170	1967	3397	2811	6576

what investment you should have in medical equipment, and what your professional expenses should total to compare favorably with those of other physicians in similar circumstances.

There are no cities of more than 500,000 in the South, and virtually no specialists in towns of less than 2,500. This explains several blank columns in the tables.

The average chart you come across today falls short by not taking into account sufficiently the details of *your* particular situation. Usually allowance is made for only one or two variables. The chart may tell what your income should be on the basis of your location or, say, on the basis of your age. Moreover, if both these variables—location and age—are considered, they probably appear in separate tables. One points out, perhaps, that your income should be $4,200; the other says it should be $4,800. Even if you split the difference and pick the figure $4,500, you arrive at an inaccurate estimate.

The accompanying table represents a distinct improvement over the usual type seen: (1) Not one or two, but *five* variables are considered (region, size of community, length of practice, general or specialty work); and (2) all five variables appear in a *single*, three-part table. Hence, the figures fit your case that much more closely.

It should be obvious that the table is only a general guide and

[*Turn the page*]

INCOME, EXPENSES, COLLECTIONS, AND INVESTMENT IN EQUIPMENT OF 4,565 PHYSICIANS IN 1935.

(by region, length and kind of practice, and size of community)

SOUTH

Years in practice	Less than 10		10-20		More than 20	
	Gen.	Spec.	Gen.	Spec.	Gen.	Spec.
Under 2,500 population						
Gross income	4382		4977		2849	
Professional expense	2008		1703		1012	
Net income	2810		2820		1636	
Collection percentage	69		67		58	
Investment in equipment	1863		1575		1586	
2,500 to 10,000 population						
Gross income	4448	5253	5050	9425	4339	4240
Professional expense	1528	1328	1801	3733	1740	2081
Net income	2791	3875	2889	6250	2631	2812
Collection percentage	64	72	69	79	59	66
Investment in equipment	1428	1200	2494	4250	2858	3407
10,000 to 50,000 population						
Gross income	5969	4036	5735	10902	4921	7471
Professional expense	2459	1921	2538	3369	1539	3440
Net income	3675	2950	3422	7337	2772	4406
Collection percentage	66	66	68	73	64	67
Investment in equipment	2275	2180	2573	4350	2772	3544
50,000 to 500,000 population						
Gross income	4850	5649	6468	10908	6176	8423
Professional expense	1936	2331	2025	3918	2024	3746
Net income	2946	4964	3903	6521	3683	4700
Collection percentage	72	74	68	73	65	73
Investment in equipment	1341	2013	3113	5148	1828	6483

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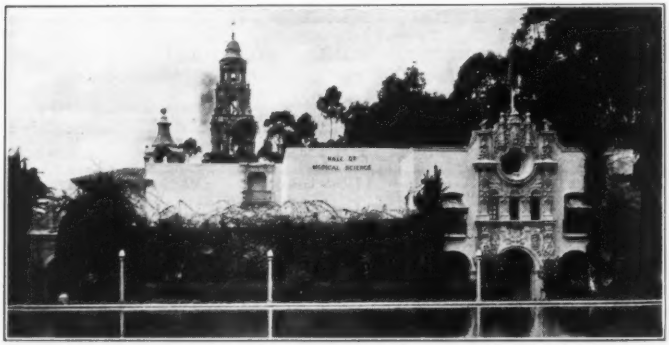
should not be taken too literally. The study is not 100% accurate. No questionnaire of this kind can be. In many cases, no doubt, estimates rather than actual figures were given. Inconsistencies appeared on the cards, which show up on the table. And returns were not received from every M.D. in the United States.

This much *can* be asserted, however: The cards were probably filled out frankly and without any attempt at evasion, since they did not have to be signed and the senders could not be identified. Enough of them were received from all corners of the country to provide a good cross-section of professional experience. And the tabulation was done with utmost care to insure accuracy.

With an appreciation of these facts, the study can be used to practical advantage to find out whether your income is about what it should be, whether your collection percentage is too low, whether your professional expenses are too high, and whether you have approximately the right amount of money invested in medical equipment.

Other articles scheduled to follow next month and thereafter will probe more thoroughly into these questions.

California Presents



CALIFORNIA'S famous sun beams these days on a $35,000 structure that houses 30 exhibits designed to show laymen how medical science and the men devoted to it work their wonders. Special committees from the California Medical Association and the San Diego County Medical Society planned the profession's contribution to the California Pacific International Exposition of 1936.

The Hall of Medical Science (see cut) covers 22,000 square feet. Visitors are enthralled with demonstrations of cancer diagnosis and treatment; $75,000 worth of x-ray apparatus and transparencies; the artistry of orthodontists and plastic surgeons; and the work of pathologists, bacteriologists, and allergists.

A series of fetuses shows laymen how they started life. Two complete, life-size surgeries are there in tableau: one, the last word in shiny-gadgeted operating rooms; the other, Victorian, with bewhiskered, frock-coated surgeons bending over a simple wooden table.

Telephonitis

HOW TO DISCOURAGE FREE-ADVICE PHONE CALLS • AS TOLD TO M. R. WILLIAMS

ELEVEN p.m. The telephone rings.

"Oh, Doctor, I'm so glad I caught you in. Baby has the colic, but I'm sure it's nothing serious; I just wanted to be positive about what I'm doing. Is five drops of paregoric too much for him?"

Here you have a typical illustration of the free-advice phone call, a source of exasperation to so many of us in general practice. I have personally experienced and been a witness to hundreds of similar cases.

The telephone today plays a paramount rôle in the business of doctoring. It is the instantaneous messenger, ready to serve at all times, under all conditions; the impregnable link between sickbed and cure. Yet how easily it can become a scourge, changing from obedient slave to slave-driver.

Mrs. Jones (the mother of the baby with the colic) no doubt feels quite within her rights in expecting that her family physician should be constantly on tap, so to speak, to give free emergency counsel. There is much to be said for her right to expect this. On the other hand, I could cite cases where patients flagrantly and with malice aforethought have abused the doctor's good will and professional courtesy. For example:

Some months ago a Mr. Tate came to me, complaining of general poor health. He suffered constant headaches, couldn't sleep, had no appetite, felt bilious and tired. I saw immediately that the man was more sorry for himself than sick, so I prescribed accordingly, advising out-door exercise, regular hours, and a balanced diet.

He listened, seemed a bit dubious of the value of my advice, and left.

Several days later he telephoned me to complain that his headaches had increased, that his left submaxillary gland felt sore, and that he believed he was getting a slight case of "something or other." Would I advise aspirin and an ice bag around the throat, or a hot compress? Should he go to bed?

About 10 p.m. he called up to say that his head felt better, but his gland didn't. Would it do any harm to try icthyol?

This sort of thing would have gone on for Heaven knows how long had I been less case-hardened. As it happened, I told Mr. Tate, most politely, that I could not venture to risk either his health or my reputation by prescribing over the phone, that I felt myself incompetent to diagnose in such an offhand manner, and that if he felt he had something seriously wrong with him, he had best consult me in person.

•

The conclusion I arrived at in this sample case is essentially the one I wish to offer as a solution for colleagues similarly annoyed by what I call "telephonitis." There are many cures suggested for this prevalent malady; but I have found on examination that the physicians who sponsor them all fall into one of two rival camps: those who charge, and those who do not. "To charge or not to charge," seems to be the main question, but there are sev-

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eral other factors to keep in mind. For instance, it is obvious that you cannot charge indiscriminately for all over-the-phone advice, since very often you yourself have requested the patient to report progress by phone. Also, to my mind, it is a ticklish problem to decide where routine stops and free advice begins. On the other hand, it is patently unfair that we doctors be expected to give habitual free service.

Most effective, I have found, is the laconic answer. When a frantic mother phones in, "Tommy's awful sick, he's got a terrible stomach ache. What should I do?" your answer ought to be, "Without having examined him," Mrs. Smith, "I really can't say."

Don't suggest that she "bring Tommy over."

Don't offer to visit him yourself.

Don't give any advice over the phone.

•

The mental condition of the patient who calls you up in the hope of inveigling you into giving free advice is very unstable. He *thinks* he doesn't want a doctor, but he isn't sure. He is frequently quite a law-abiding citizen and has no desire to extort service. What he really wants is professional confirmation of his own conclusions; he feels it would add that necessary degree of certainty that seems to be lacking. He may appear positive of his facts on the surface, even belligerently so; but underneath he isn't sure.

Let the patient ask *you* to call at his house or request an appointment at the office. He will do just that if you handle your end of the wire with sufficient tact and aplomb.

I am not suggesting that the physician be hypercritically calculating. It goes without saying that in every instance the patient's welfare comes first. At the same time, it is consonant with the theoretical as well as the practical ethics of our profession to *refuse* to diagnose, prescribe, or advise in any manner over the telephone.

In general, a diagnosis over the telephone is an incompetent diagnosis. (I will not go into lengthy and obvious exceptions, as, for example, among pediatricians).

Next, a prescription given over the phone cannot be brought to court as legal evidence in case need for such evidence should arise.

And, finally, we, as doctors, cannot take the chance of *any* misunderstanding either in content or in method of application, for the patient's life may well be at stake.

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So far as it is within the physician's control, therefore, the problem resolves itself into one of using common-sense. Be solicitous about the patient. Tell him that you don't dare jeopardize his health by haphazard advice. In the last analysis, you are the best judge of how to treat each individual case. You know your patients. You can tell which ones to meet half way, which ones to be careful with.

In those special cases where telephone advice is imperative, I would offer this suggestion: Have a standard fee-rate, make this rate known to your patients by including it on your billhead, but make it elastic with respect to individual cases. Let us suppose your fee is $1 per phone call (the usual rate). In the instance of Mr. Tate you would surely be justified in charging this fee for every call with which he chose to annoy you. But in the case of Mrs. Jones you might advise without charge.

All of which brings us back to the nub of this article: To clear up a bad case of "telephonitis," cease giving advice over the wire when you can possibly avoid it. Parry with the laconic answer recommended. You'll be surprised at the results.

Has It Ever Happened to You?

By GEORGE CLARK

"You see, we couldn't pay the doctor as much as he usually gets, so we named the baby after him to sort of make up for it."

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A One-Man EENT Suite

By WALTER A. COOLE, M.D.

IN a Texas metropolitan center a young specialist has completed an office which, like the philosopher's ideal, is "a thing of beauty and a joy forever". Not only that, but it offers maximum economy of space and freedom of movement by the personnel and patients.

There are two entrances to the suite—one by which patients enter the vestibule to the reception room and one by which they make their exit to the public corridor. The latter is kept locked to the outside.

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The reception room, like the remainder of the suite, is fashioned in white and blue. Durable blue leather lounges occupy opposite sides. Above one is a massive blue-tinted mirror framed in chromium. Above the other is a window that reveals the business office. At the end are two windows with white Venetian blinds and deep blue draperies. One occasional chair is blue and the other is white leather. The tables are chromium and glass, trimmed in white and blue.

In a small room, flush with the vestibule, is a secluded nook for the office girl. Her case records are hidden in rows of white cabinets. The floor is covered with white linoleum flecked with blue. Everything, including walls, floors, and furniture, can be cleansed with soap and cold water.

As shown in the plan, a private corridor extends from the reception room to the operating room at the other end of the of-

Blue and white strike the color note in this reception room that is as modern as today and in excellent taste. Linoleum floors, venetian blinds, chromium, and leather upholstery contribute their share to the general effect.

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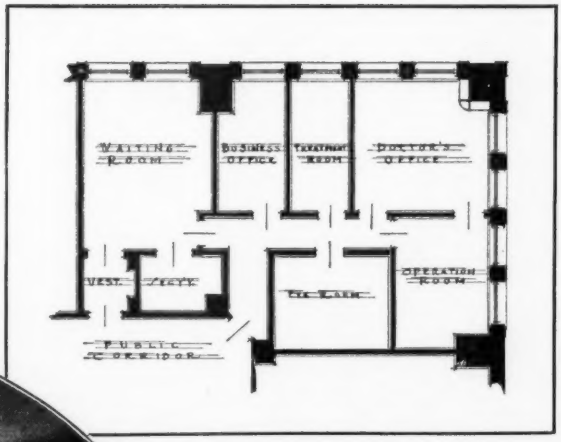

Partly because so many features (e.g., cabinets, bookcases, tables) were built in by a local carpenter, the cost of furnishing and equipping this suite was no more than that of a conventional office.

fice. Leading off from the right are the business office, the treatment room, and the doctor's office. The doctor's office also communicates with the operating room. On the left are the exit and the eye room. The eye room is the only unit having no windows, and is finished in black. With this exception all units carry out the white and blue motif.

The business office, clearly visible to the reception room through a large plate glass window, offers constant scrutiny of incoming patients and the opportunity to discuss accounts without a curious audience.

On the wall of the corridor between the business office and the treatment room is hung a white board with two perpendicular panels. These panels are cut into numerous slots slanted from below upward, and each slot is numbered. As a patient enters or

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A modern sanctum sanctorum.

an appointment is made the secretary enters the name on a card and inserts the card in its proper slot. The doctor, when he dismisses one patient, reaches for the next card.

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In addition to the conventional equipment of an eye, ear, nose, and throat operating room there is a unique quiet bed. This bed is constructed very much like the customary ironing board. When not in use it folds up in its cabinet flush with the wall. When it is needed it is let down, a hinged support swings out for legs, and a blue cushioned bed is available. An extension telescoped within the bed may be brought out for adults. This bed occupies the wall between the doctor's office and the operating room.

The doctor's office is his particular pride. A luxurious white Persian rug covers the floor. Two windows on each outside wall afford ample light. The white Venetian blinds and draperies are thrown into relief by deep blue walls. The desk with all its accessories, including a French telephone, is white. Back of the desk is a bookcase and cabinet with built-in radio. A blue lounge that may be used as a day bed and two white and blue occassional chairs complete the picture.

Resolutions Aren't Enough

By J. WESTON WALCH

THE current year has brought forth no news of a man biting a dog, but it has brought forth news which should be even more interesting to thousands of American physicians. *A national, but loosely organized group of* 5,000 *impartial adult laymen have been conscientiously studying the pros and cons of further extension of socialized medicine.*

I say national, because some of these 5,000 members live in every state in the Union. I say impartial and conscientious because these laymen must get at all the facts for both sides of the question in order to fulfill the professional requirements of their positions. I am referring to the instructors in debating in American high schools, where, among 100,000 students and before *public* audiences, the state medicine question has been the leading debate topic this year.

Now the fact that an overwhelming majority of *successful* private physicians is against socialized medicine is not news. Men would not spend years in training for a profession if they disapproved of the system under which that profession was conducted. Nor is it news that most college professors of sociology strongly favor greater state participation in medical affairs. Such men are altruists; they have no practical experience.

But instructors in argumentation are forced by their positions to be broad-minded. Each debating coach must train teams to defend *both sides* of each controversial question. Judges in debates will come from all walks of life. They will not share the coach's own personal whims. Each coach must train his teams to present the soundest possible case for both sides of the question, free from passion, and based on real logic.

If, after a season's study of the question of socialized medicine, a great majority of debating instructors should become convinced that one side of this question was right and strong while the other side was wrong and weak, *that would be news!*

Let me hasten to admit that no one has taken a poll of these 5,000 coaches, and so no one is able to say beyond any question that a big majority believe one way or another. But, as general manager of the Debaters Information Bureau, I have attended four major debate tournaments, and I have corresponded with a great many debating instructors from Maine to California. While, thus far, *not a single coach has claimed that the state medicine question is unbalanced in the affirmative, dozens of them have expressed the personal opinion*

★

Mr. Walch, it will be remembered, is the man who compiled the "Handbook on State Medicine," used by so many of the 100,000 high-school students who debated the topic this past winter. "The case against state medicine is strong enough," he says, "if only the medical profession would bring it to the attention of the public!"

XUM

that the negative (anti-state medicine) is much the easier side on which to build a strong case.

You may ask: "Has not the affirmative, or state medicine side, won at least half of the debates?" Let me explain to you a trick of the trade. When a coach finds that one side of a question is harder to defend, he persuades his best speakers to take up that side. Then he helps the weaker side to build up a tricky case—one which the other team will not be able to puncture, at least not until *after* the debate is over. So, the fact that each side of the question can win debates doesn't mean a thing regarding the merits of the evidence.

Today, for example, I received a letter from a debate coach in Missouri telling me that a number of teams in his state have advocated a system of state medicine modeled after that in Panama. I don't know enough about Panamanian medicine to attack it strongly in public debate. Do you? But when a team in debate has to base its case on evidence so remote, you can be sure that the coach and team have no real confidence in the soundness of the thing they are speaking for! And this is just an example. You should hear some of the queer plans of state medicine I have been listening to recently! They all show that the coaches behind these teams do not believe in state medicine.

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You are interested, of course, in why these instructors in argumentation, after a season's study of both sides, lean so heavily towards the present private system. Those with whom I have talked and corresponded have been most concerned, first, over the political and bureaucratic interference that would follow socialization and, second, over the almost unbearable cost which would have to be met by some form of increased taxation. Let us analyze these dangers.

For evidence that socialized medicine would result in politics and bureaucracy, the debating instructor does not need to go to his periodicals and public documents. He is a school teacher. He knows what public ownership and operation have meant for the schools. He would certainly not advocate the abolition of public schools, for he knows there is nothing satisfactory to take their place. But he sees no need of public medicine with private medicine already a working, efficient organization.

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If state-controlled medicine should become nearly universal, doctors would be forced to compete for jobs in much the same manner as school teachers are today. Any doctor who wanted to stay in the profession would have to manage somehow to get a salaried position because his private practice would be practically wiped out. Our 160,000 doctors would become political job-hunters.

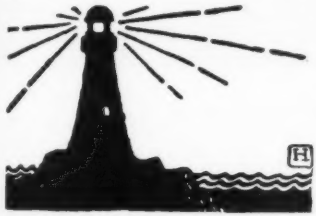
But getting a job would not be all! Like the school teachers of the present day, doctors' salaries would be at the mercy of political manipulation. When depressions and tax revolts made reductions necessary, the doctors' salaries would be the first thing to be cut. The part that met the public eye—the hospital grounds, like our post office buildings and other similar public monuments—would be maintained. The economy axe would fall on the doctor, just as it has in recent years fallen on the school teacher, the policeman, and the fireman.

Instead of larger classes, the doctor would have more patients assigned to him. The time would come when doctors would be making professional calls for eight cents a visit, as they are in Germany at present. And the school debating instructor, aware of the demoralizing effects of payless paydays, over-crowded classes, and tattered textbooks, realizes

that eight-cent medical services would not even be worth that much!

The second thing those who coach debating teams in high schools have discovered is that people are not in a mood to favor anything that means increased taxation. Affirmative school teams that have won have side-stepped the issue with vague statements about basing the taxation on ability to pay. The sad fact is that the American people are already taxed to the breaking point.

Our governments—national, state, and local—are now raising through taxation a sum equal to $300 for every family in the United States each year. At the same time, our governments are spending $450 per family per year. A sum equal to $150 per family is being charged up each year to be paid by future taxation. Now everybody knows that if we go on piling up deficits year after year, people will eventually lose confidence in our government. And when that confidence in its financial integrity is gone, it will be impossible to borrow further money to meet expenses. We will have national bankruptcy.



The fact that present taxation does not begin to meet present expenses demonstrates two things: First, taxes cannot be materially increased or they already would have been. Second, we certainly cannot afford any further socialization.

Sometime, somehow, we must start to meet our government expenses out of taxes and to pay back our deficits. Unless there is drastic retrenchment in the meantime, it will require a yearly taxation of 35c out of every dollar earned by every American. In other words, the wage-earner getting $14 a week is going to lose $4.90 a week through indirect taxes on such things as bread, tobacco, and rent.

Even the average high school student debating against state medicine has been able to figure out the weaknesses of this spending policy. When the poor have to spend such a big proportion of their incomes for taxation, they don't have enough left for nourishing food and decent living quarters. The resulting slum conditions and malnutrition lead to disease, unemployment, and the need for further government taxation! The cycle goes round and round!

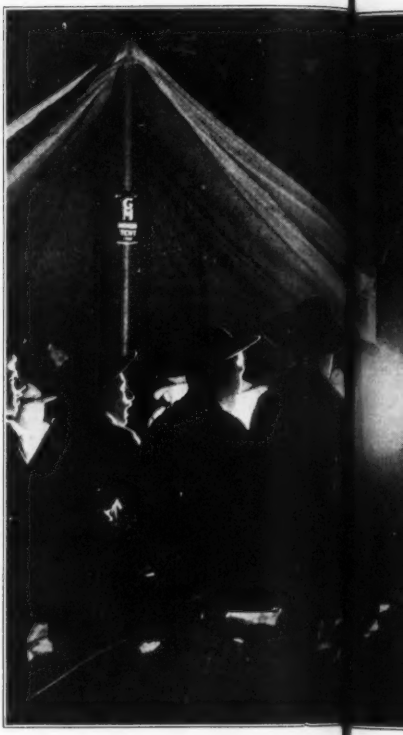
The case against state medicine is strong enough, *if only the medical profession generally would bring it to the attention of the general public!* But the public is not simply going to take the doctor's word for it that socialization is bad. The average patient respects the physician's advice *on medical matters.* He has never been given any reason to believe the doctor is also an expert on finance and administration. It will not do for physicians and their organizations merely to continue to pass resolutions—*the public must be continually reminded of the real facts and dangers of public encroachment on private medicine.*

The debates this past winter should have given medical men renewed courage. Despite all the statistics of those favoring socialization, the preponderance of argument has shown itself to be on the doctor's side. The situation calls for renewed vigor in the war against the propaganda of those favoring socialization. The press, the radio, the lecture platform—even the average physician's contact with his own patients—must be used if this socialistic trend is to be defeated.

XUM

UNDER CANVAS

Operation of summer camps for children is fast becoming a big business. One of the admission requirements to the better camps is proof of a recent physical examination. Dr. Wynne tells how this type of preventive practice may be obtained, and suggests possibilities for work at the camps themselves. The author is well known to physicians as former health commissioner of New York City. He is at present closely associated with the activities of summer camps through his connection as chairman of the committee on health and sanitation of the Boy Scouts of America.



By SHIRLEY W. WYNNE, M.D.

VERY soon Young America will be on the march.

No, this is not an alarmist article presaging a youthful revolution. It deals with 1,500,000 boys and girls of school age who are now day dreaming about going to camp.

Before they move under canvas for the summer, many of these children will pause in the office of their family physician for the health examination which is a prerequisite at the better camps. Those who do not contemplate doing so should be approached via their parents.

Shortly after the last school bell rings, some 7,300 outdoor retreats for children will open up, in every section of the country. The majority will be operated by organizations such as the Boy and Girl Scouts; churches; welfare, fraternal, and charity groups. Uncle Sam, whose Department of Agriculture sponsors 4-H Clubs for boys and girls in

Boy Scout Foundation

rural areas, is also a major operator. At all these camps, proof of a physical examination is required before the child is admitted.

The growing attraction of camp life for children, however, has injected the profit motive into the picture. Some 2,500 commercial enterprises of this type will dot sequestered woodlands this season. Among them will be a number that do not require a preliminary check on the physical fitness of their campers. It therefore becomes the duty of the family physician to make this necessary safeguard known to parents in order that the anticipated effects of the child's vacation shall not be reversed.

There is no bell-wether at the head of this stream of youthful patients. Only when a recommendation is definitely requested does the camp organization suggest a certain physician. In most instances the matter is left up to the family. Cases do crop up, though, where parents ask the local offices of Boy and Girl Scouts to recommend an examiner. A call at local Scout headquarters offering cooperation in such work might result in your getting a fair amount of examination practice from this source. If the number of patients war-

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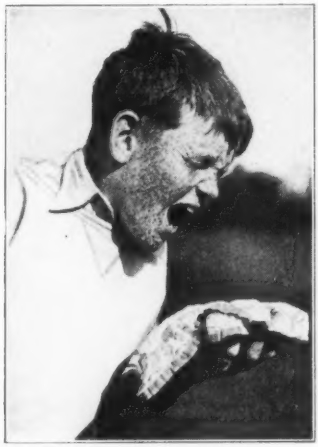
rants such a procedure, a Scout Clinic might even be set up in your office during certain hours. Such a move would imbue youngsters with a feeling of fraternal

Ewing Galloway



"The physician might well conduct a clinic at the camp, say, one morning a week, for a general health check-up of the youngsters."

kinship and put them at ease when they come to be examined.

While the welfare camps and charity-organization camps require a stiff health test in advance, a number of such patients take advantage of the free clinics provided at public institutions. This work devolves chiefly upon some member of the staff, but occasionally an outside practitioner is engaged to conduct the clinic one or more mornings a week. Appointments are made by the charity sponsoring the vacations and the fee is likely to be small.

There remains the problem of private camps, especially those at which a pre-camp examination is not mandatory. Parents of many children going to such establishments will not even dream of having a preliminary check made. After all, the rich outdoor life which the child is to enjoy is intended as a health measure in itself. This line of reasoning militates against a spontaneous call from the father or mother.

On the other hand, if the child's parent is informed that the best camps make the preliminary physical examination one of their prime regulations, it is quite possible that he or she will seriously consider a similar course. The problem lies in contacting the parents of children who will be tenting out for either the whole summer or a part of it.

Inasmuch as you cannot possibly know how many children among your practice will go to camp, there is but one alternative: Contact them all. A letter, approved and sponsored by your county medical society, should be sent every family with a boy or girl of grade-school or high-school age. This course will safeguard the health of the youngster and at the same time bring a visitor to your office.

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Actual practice at summer camps is narrowed to physicians in adjacent towns.

While the larger organization camps and the more affluent private enterprises engage a resident physician to look after their charges, the great majority of small camps in both classifications employ no medical attaché at all. Here, it is the usual practice to arrange with a nearby doctor to take care of any serious illness or accident that may develop.

Such arrangements are generally made before the children arrive, by the director or supervisor. The latter's preparatory duties, of course, bring him on the scene before opening day, and a personal call by the physician interested in obtaining this practice is then in order.

It may be that the operator of

the nearby camp is known to you before he arrives. In such an event, a letter mailed early in the season, offering your cooperation, will no doubt be considered a thoughtful gesture.

A word of caution at this point: Whether your first contact is made by mail or in person, it should get under way on a friendly, chatty note. If the dominant theme is not one of neighborly helpfulness and cooperation, the operator may feel that your object is criticism or unwarranted snooping into the physical equipment of his camp.

Little space need be devoted to the work of a camp physician. Most of it is self-evident. You're familiar with the survey that should be made of the location and condition of toilets, the facilities for removing garbage, the cleanliness of kitchen equipment. Testing the purity of water supplies for drinking, washing, and bathing is another obvious duty. Milk for the camp should, of course, be pasteurized or certified.

In addition to being on call for accidents or sudden illness among campers, the physician might well conduct a clinic at the camp, say, one morning a week, for a general health check-up of the youngsters. For this work, a seasonal retainer is indicated, apart from calls which would be charged to parents by the operator.

Opportunities for full-time camp physicians are few. In the interest of economy, most camps that want a full-time attendant engage a medical student, a recent graduate, or a registered nurse.

One highly developed Boy Scout camp employs a full-time physician and an assistant, with regular hospitalization for the boys. However, the number of campers runs into the thousands. The range of compensation for such a man is $100 to $300 for the season.

A few of the more exclusive camps for girls offer employment to women practitioners. One such opening was listed recently with a professional agency. It called for a practicing woman physician from June 20 to September 1 to minister to the needs of 60 girls from 9 to 17 years of age. The position paid $300 for the season or $125 a month, plus maintenance and a view of the Maine woods.

Some indication of the growth of children's camps can be gleaned from the experience of the Girl Scouts. In 1930 this organization operated 423 camps at which there were 46,000 girls. This summer will see 948 units with 100,000 girls—more than double the number in only six years!

Yes, sir, Young America is on the march. And one of its stops should be at your office.

Easy Way to Lose Patients

THE more delinquent a patient becomes, the less likely he is to consult the physician who is his creditor, according to authorities. Studies made in other fields show that only about 10% of ninety-day delinquent customers buy goods in the regular amounts and on the usual terms. It has been shown, also, that such purchases fall off steadily as the length of time past due increases. The conclusion is obvious: To lose a patient, let him disregard his bill.

XUM

EDITORIAL

The High Cost of an M.D.

REACTING to subversive propaganda, certain of our patients continue to go about shaking their heads over "the high cost of medical care." Among many of them, this "high cost" applies only to the physician's fee. They forget about the other items—hospitalization, nursing, medicines, dental care, etc.—that have been found to consume 70% of the medical dollar.

Right from the start, therefore, they have a distorted impression of what they are groaning about—an impression which it is up to us to correct whenever the occasion arises.

To make matters worse, quite a few patients fail to understand one of the fundamental reasons why our fees must be of a size which they are pleased to call exorbitant. There's little reason to suppose that they know much about the cost of a medical education. As a matter of fact, most of *us* tend to overlook the real extent of the investment it took to make us physicians.

Naturally, the price of a medical education varies with individuals. Tuition fees differ, for instance, as do young men's finances and the number of suits and ten-course dinners they buy during a year. Nevertheless, the *average* physician's schooldays represent an investment of about $14,000. This includes pre-medical and medical training (various scholastic costs, maintenance, and personal expenses).

That isn't all, either. While we were applying ourselves to cadavers, textbooks, and, as interns, to case histories and clinics, our lay contemporaries were applying themselves to earning an income. So take, say, $9,000

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that we didn't make during our six years of professional education, and add it to $14,000. The total represents what it cost us to win our M.D.

No one denies our right to justify and discharge that debt. Let's see, therefore, what is involved in doing it.

When we began practice, we represented a $23,000 investment. On a sound basis we should be yielding 6% or $1,380 a year. When we liquidiate (*e.g.*, die or retire) the principal at least should be available. Therefore, in addition to our overhead (both private and professional), living expenses, and savings, we should produce $1,380 interest and accumulate a portion of the $23,000 principal each year. (Incidentally, to complete the picture, we should own at least enough life insurance to create the $23,000 if we die before our time.)

The results of MEDICAL ECONOMICS' current income-and-expense survey indicate that the average physician's net annual income is $3,792. It is doubtful that many among the thousands who filled in the questionnaire card realized the basic inaccuracy of their net-earnings figure.

Take your own case. Do you charge $1,380 interest plus an additional amount for amortization against your income? If you do, you're the rare exception. Yet without this computation your financial chart is incomplete.

Think about this for a minute: If that $23,000 had been invested for you at a conservative 4% when you started practice, do you know what it would mean to you in 25 years? You'd have an estate of about $62,000! You could retire at 53 on a steady income of more than $2,400, leaving the principal intact for your dependents. How many of us are able to make our investment in medical education produce results like that?

These conclusions stand out: 1. Our fees are not an inordinate part of the cost of medical care. 2. Too often they fall short of justifying the investment that made us what we are.

Remember the foregoing points. Use them to strengthen your case whenever conversation turns to the "high cost of medical care."

H. Sheridan Baketel

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Indian Service

By JAMES J. BUTLER

ONCE the idol of Navajo, Hopi, and Pueblo, alike, the medicine man has given place to the trained physician of Uncle Sam's Indian Service*—a calling which demands much of the practitioner who chooses it, but pays large compensations in diversified experience and broad opportunities for later specialization in diseases common to the reservations.

Averaged over a quarter of a century, six years is the usual length of affiliation with this colorful field of medicine. Only the hardy and the ambitious remain after the one year probationary period. Some make this a lifetime work; others retire to private practice, equipped with practical experience that is, perhaps, obtainable nowhere else in equal measure.

The service is truly frontier practice in the fullest sense of that term. Proof of this is the fact that single calls sometimes require the doctor to travel 150 miles, partly by automobile, partly on horseback, and perhaps partly afoot if forbidding roads are encountered.

Actual hardship is not uncommon, especially in winter. Yet the service appears to attract and hold scores of doctors who might well obtain immediate economic benefits in private practice. In the long-range planning of a young physician's career (and the Indian Service is a young man's calling, for no man who has been out of medical school more than four years, except those with military status, may enroll) veterans of the service envision this field as a peerless "finishing school."

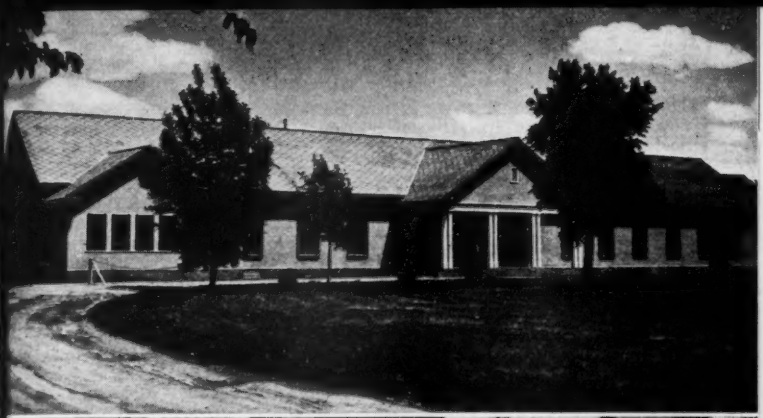
"It is intensely interesting," sums Dr. J. G. Townsend, youthful and vigorous director of the Indian medical service, who knows the land of the Hopi, the Navajo, the Pueblo, and the other tribes as thoroughly as the country doctor knows his Main Street.

All appointments of physicians are made on the basis of civil service status. Periodically, the Civil Service Commission prepares a list of physicians eligible for these jobs, and from among them the most likely candidates are chosen and sent into the field. Appointees are classified as *associate medical officers*. Candidates must be graduates of medical schools of recognized standing. They must show at least two years' experience, including one year's internship. Unless they have had military service, none will be appointed whose age exceeds 35 years; and a physical examination must be passed. The salary for beginners is $3,200 a year.

Because it has no system of automatic annual promotions, such as are in vogue in most government departments, the Indian Service advances its physicians in grade and salary only when they are shown to have merited it. Each promotion means $100 or more annually in compensation. Doctors who show special skill in the treatment of the more common Indian ailments—trachoma and tuberculosis—are in line for advancement to the status of specialist, which provides a $3,500 salary. Hospital superintendencies pay $4,600 annually.

On most reservations the physicians are housed in cottages of modern construction, including all conveniences and accommoda-

*A division of the U. S. Department of the Interior.



How would you like to be medicine man to a tribe of Sioux or Navajos? This article describes the qualifications, duties, and rewards of physicians who help Uncle Sam protect and improve the health of his redskins.

Top: The recently modernized Shoshone Indian reservation hospital at Fort Washakie, Wyoming. Below: A resident physician (seated, right) and two nurses with a group of typical patients.

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tions. This is not always true, however, for there are still some doctors' quarters described as "disgraceful"—without such essential conveniences as running water, electric light, and heat. In a few instances, where reservations are close to populous centers, the doctors are required to find their own living quarters. Those furnished by the government are charged against annual salaries on the basis of $25 a month.

J. G. TOWNSEND, M.D.
Interested in Hopis.

No food is supplied, but all supplies necessary for the work are furnished. While actually traveling, physicians are paid $3.50 a day to cover expenses. It is a rule that these doctors must not engage in private practice, but if they have skill in any other field, such as literature, there is no regulation preventing them from accepting honoraria for their work.

For the most part, Indian Service doctors perform their duties in isolated sections of the country where they seldom see other medical men. Where such conditions exist, the social life of the doctor is necessarily constricted; but for the physician who enjoys hunting and fishing, there is every opportunity to pursue the sport of his choosing. The most remote reservation is 170 miles from a railroad station, and transportation is by horseback, or in automobiles furnished by the government—the latter frequently rendered useless by impassable highways.

The physicians are divided roughly into two classifications: hospital doctors, who also make calls at points near the institutions; and agency physicians, whose work is a throwback to the original country doctor. In his rounds, the agency doctor sometimes travels 40 miles between houses.

Each physician is entitled to 26 days' vacation, 15 days' sick leave, and two months' educational leave annually. If the entire sick leave is not used in any one year, it may be accumulated over a period of four years. The government does not pay the traveling expenses or the tuition of doctors on educational leave, and it is required that they arrange with other physicians to handle their work while they are away. Frequently the amount of work at hand deprives the men of their vacation period; in other words, these time-off periods are sometimes more theoretical than actual. [*Turn the page*]

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$35 for the best set of three interiors showing a physician's reception room, consultation room, and treatment room.

$35 for the best set of two interiors and one exterior, showing a physician's reception room, consultation room, and an outside view of his office (must be either a home-office, office wing, or small professional building accommodating not more than twelve men).

All other exteriors or interiors of physicians' offices that are judged acceptable for publication will be paid for at the rate of $15 per set of three or more, or $5 per individual picture.

EACH PHOTOGRAPH *MUST* HAVE ATTACHED TO IT: [1] the name and address of the physician-occupant*. [2] An estimate of the total cost of the room or building shown (if a room, estimate cost of all furnishings and equipment in it; if a building, give building costs only). [3] A description of at least 300 words (if an interior, describe furniture, rugs, draperies, floors, walls, fixtures, and appointments; if an exterior, describe architectural style of building, material of which it is made, landscaping, and various advantages). [4] A rough floor plan of the office shown. [5] Return postage (provided you wish your photographs returned in the event that they do not prove acceptable).

Photographs must be suitable for reproduction. Glossy 8" x 10" prints are preferred. In most communities a photographer can be found who will make a good interior or exterior photograph for $3—$5. *Sets* of photographs usually cost less in proportion.

MEDICAL ECONOMICS will decide the winners of the contest. There is no limit to the number of photographs a contestant may submit. Prize checks will be mailed upon publication of the photographs.

The contest closes June 8, 1936. Results will be announced in the July issue.

*Will not be published if you wish to remain anonymous.

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Trachoma is common among the Indians. Tuberculosis takes a heavy toll, sometimes running to 600 deaths per 100,000 population a year among some tribes. Venereal disease, mostly fresh contacts, is perhaps the third ranking medical problem. It is an uncomplimentary commentary upon "white man's civilization" that the nearer the reservations are to white settlements, the more pronounced is the venereal disease problem. Another task the physician in the Indian service is confronted with is the high infant mortality, much of which is traceable to tuberculosis and malnutrition.

In the past 25 years, the Indians have completely switched their attitude toward medication and hospitalization. The old medicine man has lost his footing; in fact, he is one of the most eager types to seek the white man's cures. Where it once was difficult to get an Indian to enter a hospital, it has now become difficult to convince them that their ailments can be treated as well on the outside. They exhibit at all times a strong desire to be well medicated, particularly if the medication involves use of brightly colored fluids. An especially attractive bottle of medicine frequently brings a bottle of lesser attraction, plus a cash consideration, when Indians sit down to trade.

Indians have an abiding faith in inoculations. Physicians vaccinate them against smallpox, diphtheria, and almost every other disease for which a serum is produced. And they like it. They come back annually for more shots in the arm.

Evidence of the changed attitude of the red man toward modern medicine is the fact that admissions to maternity wards since 1927 have increased 300 per cent. Prior to that time deliveries were performed in the home under conditions that could not help but advance the infant mortality rate, says Dr. Townsend.

As before indicated, the medicine man is no longer a factor, but is himself a willing subject for treatment. The trend from the evil, spirit-chasing medium to modern medication is practically complete; and the acceptance of surgery is becoming more general. This has opened a large field for operative work, and promises to send out into general practice many skilled surgeons—just as the service has heretofore turned out some of the country's most skilled specialists in trachoma and tuberculosis.

While emphasis is placed on the importance of the diseases named above, sight must not be lost of the fact that in the treatment of more than a quarter of a million Indians the skeleton staff of physicians encounters every ailment in the medical catalog—an ideal internship for the young doctor who intends to stick to general practice.

In operation today are 89 Indian hospitals of varying sizes, 13 of them devoted to tuberculosis work. Thirteen new hospitals are now in various stages of construction. With auxiliary buildings, modern quarters for doctors, and other appointments, this program involves an outlay of $4,500,000, but insufficient appropriations are made to staff these institutions adequately with nurses. The ratio of patients per nurse and attendant in Indian

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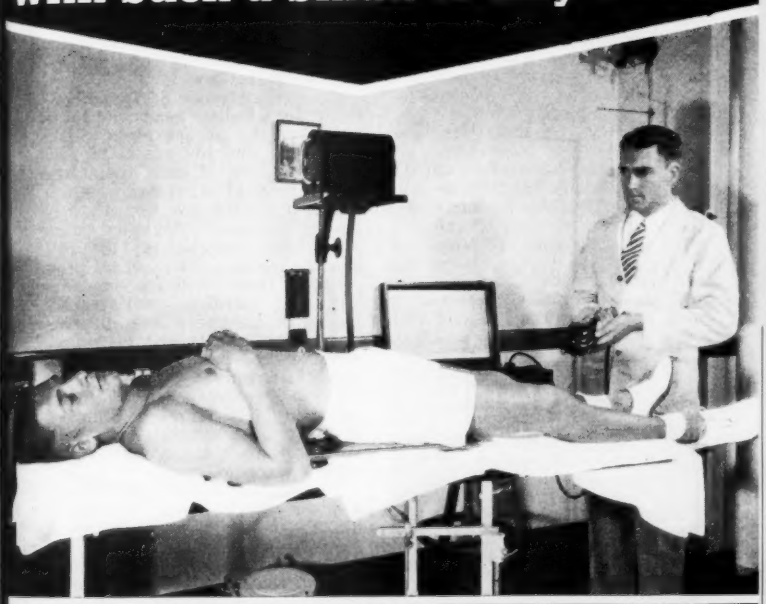

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To answer specifically, this unit will produce radiographs of the average size patient as follows: The chest, at 32" focal-film distance, in ¾ second; lateral skull at 20" in 3½ seconds; the pelvis at 25" in 6 seconds.

As to the quality of these radiographs, we prefer that you be the judge. Simply arrange for a demonstration of the Model "F" in your office, at your convenience, and positively without obligation. The majority of present users of the Model "F" were convinced by actual demonstration.

Shock proof operation, compactness, portability, flexibility, concentrated power and practical diagnostic range—these are features you will appreciate in the Model "F", all made possible by oil immersion of the entire high voltage system.

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hospitals is much larger than in any other hospitalization of the United States government. This problem is expected to be solved partly through a course of training now being given Indian girls to fit them for appointments as ward attendants, handling the non-technical work of the sick ward. Meanwhile, the physician has little assistance in the institution and much less on sick calls where he frequently finds patients living in huts or shacks, without light, heat, or water, and without access to necessaries for safe home treatment.

Diet is a hit-or-miss matter with the average Indian. He eats —and drinks—whatever he can get, whenever he can get it. The Navajos, Nomadic sheep herders, eat the whole animal—and seem better off physically for their indelicate appetites.

As commissioner of Indian affairs, John Collier heads the service. Directly in charge are Dr. Townsend and his associate, Dr. L. W. White. Under them are eight medical directors, including a trachoma director; 12 special physicians, including two tuberculosis specialists; 134 full time physicians; 78 contract physicians; three dollar-a-year experts; 12 full-time dentists; six part-time dentists; one director of nursing, one assistant supervisor, one district supervisor, and one chief nurse; 377 hospital nurses; three dispensary nurses; 110 field nurses, three field nurses at large; 10 nurses at large with special physicians; one supervisory trachoma nurse.

The nurses, when possible, assist the physicians in dispensing, but the major part of the work falls upon the doctors.

The following report on a survey of the work of a physician in the Indian service is enlightening:

"In studying the types of assignment for physicians it was found that of the 134 full-time physicians employed for medical care, exclusive of trachoma control, nine physicians did institutional work only, 45 did nothing but field work, and the remaining 80 combined hospital with field service. The full-time physicians render complete medical service for about 200,000 Indians, and the part-time physicians care for about 20,000.

"It is estimated that, on an

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In women, the incidence of anemia is higher than in men because the physiologic demands for iron during menstruation and pregnancy are not satisfied by a diet which suffices for men. Iron must be added.

In Ovoferrin, metallic iron is so combined with a protective protein colloid, as to constitute a most efficient and palatable hematinic.

Ovoferrin does not irritate the mouth or teeth, it does not constipate and is readily taken by children and by gravidae with sensitive stomach and nerves. It stimulates the jaded appetite and often induces intestinal peristalsis. In old age, Ovoferrin acts as a stimulating general tonic.

The adult dose—a tablespoonful in milk or water, contains one grain of metallic iron in easily assimilable form; for children, the dose is two teaspoonfuls.

Ovoferrin is prescribed in 11-ounce bottles. If you have not used Ovoferrin in your practice, we shall be pleased to send you a trial bottle on request. Please use professional stationery.

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average, each full-time physician is expected to render complete service to about 1,500 Indians. Quite obviously the load is excessive. The Committee on the Costs of Medical Care, it will be recalled, estimated that one physician cannot adequately care for more than 740 people in the average community. The population load for the Indian physicians should be less than for the general population, since they are required to cover such enormous distances over roads which are often difficult to travel.

"The average age at time of entering the Indian Service for physicians now employed was 38 years. A number of physicians, however, were admitted past 45 years, therefore the expectancy of active service for those physicians is not more than a few years on the average, though the individual may be robust at the time of entering the service. The mean age of physicians now employed is about 47 years. While only 15 are above 60 years, 45 are between 50 and 60 years and therefore approaching the age where they will not be able to meet the demands for home service now imposed on most of the agency physicians. Only three physicians are under 30 years of age. Seventy-four, or more than half the full-time physicians, have served less than five years.

"The average income of full-time physicians employed by the office of Indian Affairs at the time of the study (July 1, 1934), was $3,188.11. Only 14 physicians received more than $3,500. Notwithstanding the increases in compensation made since that date, the salary schedule is still below what physicians may expect in other fields of medical practice."

The part-time physicians referred to are those in general practice in localities where their services are required only occasionally. They are paid on a contract basis.

FHA Plan Stays

HALTING, momentarily, his efforts to hook bonefish and other sea game last month, President Roosevelt abandoned rod for pen and signed a measure authorizing a one year's extension of the FHA Modernization Credit Plan.

Thus, until next April 1, physicians may obtain liberal, low-rate credit for the purchase of professional equipment and for office renovation. The Presidential signature followed a move, in which the profession was asked to participate, to urge Congress to continue the plan (March MEDICAL ECONOMICS, page 36).

FHA-insured loans can be secured on terms 40% to 60% lower than those usually offered physicians interested in improving their homes, offices, and equipment.

You can rely on VIM Square Hub NEEDLES

- to always be sharp, keen, ready to use;
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A convenient, inexpensive weapon in the treatment of arthritis is now available in the form of

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FARASTAN needs no introduction to the medical profession. The clinical results obtained in private practice and hospital clinics over the past eight years, as published in the literature, have given FARASTAN an unique position in the therapy of arthritic, rheumatoid and neuritic conditions.

The new FARASTAN tablets have every advantage offered by the capsules and in addition are more economical to the patient (⅓ *less* on prescription).

FARASTAN is issued in boxes of 48 tablets, each 3¾ grains. Also in boxes of 48 capsules, each 3¾ grains. When prescribing FARASTAN, please specify capsules or tablets.

Bibliography and full size package of 48 capsules ( ) or tablets ( ) gladly sent on request.

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FAKER!

Worse than the cultists are the pseudo-doctors who sully medical practice with their presence • By Benn Hall

SCIENCE'S number-one candidate for the title of "the meanest man in the world" is the fake medical doctor.

Fortunately, his number is dwindling, even though he has not yet been totally exterminated. Laws in the various states are closing in on him. He has found it wiser in a number of cases to substitute some more easily acquired degree for his spurious M.D. And why not? There are "colleges" that give "scientific" and other degrees after short correspondence courses at reasonable rates. And only a small, extra charge is made for a diploma!

The fake medical doctor is not to be confused with the everyday assortment of quacks and cultists. His object may be the same, but his claims are more dangerous to both the public and the medical profession. Nor should he be confused with the advertising M.D. who, however frowned upon and damned, does possess the necessary requisites to practice his profession.

The fake doctor has no right—"legitimate" or otherwise—to advertise. And he seldom advertises directly. It is too dangerous. He prefers to rely on word-of-mouth advertising.

Let us take a look at what might well be an actual case:

The "doctor" arrives in a mill town of 50,000 and takes a "parlor front" in the slum section. He has a smattering of the predominant foreign tongue, whether it be Italian, Polish, Yiddish, or something else; and in addition, he knows how to use persuasive English. He loses no time establishing contacts—he may join a social club, a political group, or a church. He may even meet "the boys" at saloons. He lets it be known that he is a "general doctor"; or, if the section is red-lighted, he spreads the word around that he is a specialist in "blood diseases." He practices until he is suspected, reported, investigated, and then prosecuted by the authorities.

•

It so happens that no figures are available showing the number of such fakers throughout the country and their annual harvest. But by putting New York State in the spotlight, a not-too-exaggerated picture of the situation can be had.

Approximately 400 complaints are made each year to Dr. Harold Rypins, Secretary to the New York State Board of Medical Examiners. It is interesting to note that of this total about 85% are concentrated in New York City. This tends to show that imposters in medicine, as in other fields, flock to large cities. The very size, the comparative aloofness, the lack of neighborly curiosity, the different customs, and the number of sick and gullible in a congested, polyglot city make it a happy hunting ground for counterfeit M.D.'s.

The 400 complaints mentioned are made by divers persons. That well-known American figure, Mr. Average Citizen, is responsible for many of them. Others are made by physicians and professional organizations.

The majority of complaints are addressed to local boards of health, medical societies, and the police. As a rule they are then

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turned over to Dr. Rypins in his Albany or New York City office. He has each case investigated; and if a prosecution is warranted, the case is referred to Attorney General Ullman.

About a third of the complaints lodged are dropped for lack of evidence. Occasionally a complaint is made by a jealous or vindictive person or by a crank.

Another third concern technical violations. Sometimes a person licensed to practice in one line oversteps the boundary into medical territory. For example, a druggist may flaunt an unwarranted amount of medical knowledge. Or a chiropodist may assume to give general medical advice. Such cases are comparatively simple to handle. These people are under the jurisdiction of the state and do not find it wise to jeopardize their licenses. Usually a talking to will cause them to repent and sin no more.

This sifting brings us down to the most important group; the group which investigation has shown deserves prosecution. In New York during 1935 there were 119 prosecutions. All of those accused were convicted, except in one instance where the case was withdrawn.

The New York penalty is a fine up to $500 and/or from one to three years in prison. It is worthy of consideration that there are few second offenders.

Some of the pseudo-doctors are quite ignorant, but they're able to make personal and emotional appeals to the ill. Others possess a cunning and daring equal to that of many big-time racketeers. A number have secured their diplomas from notorious diploma mills. Many make exaggerated and preposterous claims. But the Barnum bromide still holds true, and people will pay perfectly good legal tender to be fooled. Dr. Rypins reports that few of the fakers have had previous medical training.

A glaring case came to light two years ago. New York City was then in the midst of being "cleaned up." Tammany grafters and chiselers were being ousted by the carload.

Hart's Island Reformatory was one of the places to be cleaned. A Max R. Schneller was made resident physician in March, 1934. He was appointed after harsh words had been said about the previous administration's conduct of the prison.

Schneller served a month, when someone discovered that he was unlicensed in the state. The commissioner who had appointed him said he had "rendered medical service of the highest type." The "doctor" claimed that he had degrees from several foreign universities. Police claimed he had degrees from other prisons.

After a fanfare of fainting, attempted suicides, and talk of a persecution mania, he was sentenced to a year in prison (not Hart's Island!) and fined $500.

CAPROKOL PILLS

[*Pilulae Caprokol (Hexylresorcinol, S & D) 0.2 Gm.*]

. . . a new anthelmintic, effective against both Ascaris and hookworm

CAPROKOL PILLS have been marketed by Sharp & Dohme under the title of Hexylresorcinol Crystoids. Through extensive animal experimentation and quantitative studies in several thousand human cases, they have definitely established their value as an unusually *safe* and *effective* anthelmintic.

Caprokol Pills are effective in about 90% of hookworm cases and 95% to 100% of Ascaris cases. They have also proved effective against pinworm and whipworm infestations.

Caprokol Pills kill the parasites outright and thus avoid the danger of migration of the ascarids, which has sometimes resulted in complications such as intestinal obstruction, suffocation, etc., following the use of some drugs commonly employed. This is especially true in cases of mixed infestations of both Ascaris and hookworm.

* * *

Supplied in single-vial packages containing five Caprokol Pills, each pill containing 0.2 Gm. Caprokol (Hexylresorcinol, S & D); also packages containing six single vials of five Caprokol Pills each. Further information supplied on request.

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Pharmaceuticals — Biologicals

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Subsequently Schneller made a sensational prison break, but was captured. When last heard of, the police were questioning him for a forgery job.

New York's experience shows that it is entirely possible to wipe out the majority of fake doctors. The formula is simple: stringent laws, properly enforced; prompt, efficient investigation of all complaints; prosecution of all justifiable complaints; and a constant campaign of public education.

Ready for Catastrophe

HOSPITAL HAS POTENTIAL EMERGENCY SITUATIONS WELL IN HAND

DESTRUCTION and death rode at 100 miles an hour on a tornado that howled through six southern states last month. Hardest hit spot was Tupelo, Mississippi with nearly 100 killed and several hundreds injured. Physicians in Murphysboro, Illinois, as they read of the disaster were reminded of a vicious storm that whirled into their town in 1925; spread chaos; and, leaving, shrieked derisively at disorganized attempts to care for those it had injured.

Out of this catastrophe which laid low 25% of the town's population, grew the St. Andrews Hospital Emergency unit. Organized in a small community (14 physicians and 8,000 population), it is similar in purpose, though not in set-up, to Los Angeles' plan to handle medical needs created by disaster (December MEDICAL ECONOMICS, page 19).

Three ordinary trunks are a most important feature of the Murphysboro plan. They are packed with medical supplies of the sort necessary in emergencies: mercurochrome in powder form, bandages, cotton, gauze, yucca splints, plaster bandages, sutures, anesthetics, opiates, etc. Every six months the contents of each trunk is checked by an officer of the hospital staff who sees to it that everything is there and in good condition.

If another tornado hits Murphysboro, the chief of the hospital staff will assign two physicians to each of the trunks. Each of the three units thus formed will go into the field and set up treatment stations. The rest of the staff will stay at the hospital to receive victims sent in to them from outside. Such patients will bear a tag giving a short history, a provisional diagnosis, and the name of the field attendant. This means that congestion at the hospital will be avoided because physicians will determine who needs hospitalization and who can be attended at home.

Thus, in Murphysboro, the medical profession is prepared to cope with emergencies by itself, efficiently, and *without outside interference*. To lay organizations, such as service clubs, Elks, and Boy Scouts, are left the problems of housing, feeding, transportation, and matters not strictly medical.

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Write for free sample and literature.

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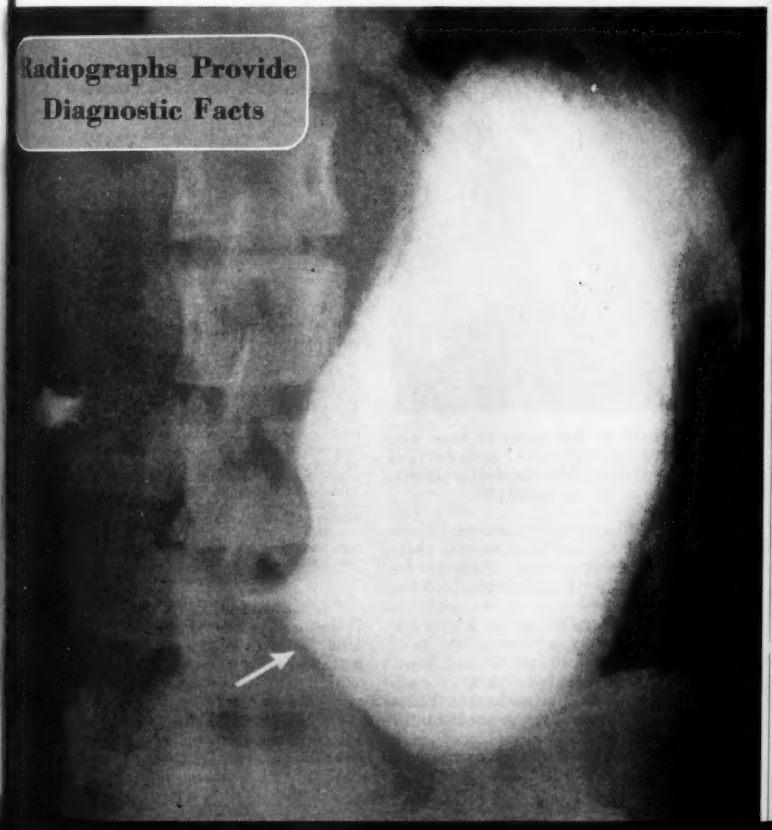
on't Depend on Symptoms Alone

SYMPTOMS alone are not always reliable in the diagnosis of alimentary tract disease. Hemorrhage, dyspepsia, pain —one or all may be merely incidental, or absent altogether. Often, gastric disturbance is the reflex indication of lesions elsewhere in the alimentary tract or in the gall-bladder.

X-ray examination of the *entire* digestive tract is a dependable means of assuring accuracy in diagnosis. For example, even though a diagnosis of gastric cancer has been made, radiographs may show also that another viscus is affected—findings that may contraindicate operation. Equally important, the x-rays may disclose a gastric lesion when signs point to colonic involvement.

Depend on complete x-ray examination to check your diagnosis... Refer to your radiologist every case of suspected alimentary tract involvement.

EASTMAN KODAK COMPANY, *Medical Division*, Rochester, N. Y.



XUM

Low

SHOW me a doctor who doesn't have a list of bad debts, and I'll show you a doctor who doesn't have a list of patients.

Bad debts are at once the unknown quantity, the nigger in the woodpile, the cross to be borne, and the pain in the neck of the profession.

Any credible plan to lighten his burden of uncollected bills will command the immediate interest of almost any professional man—*and don't think the racketeers don't know it!*

My object in this article is to show you how some of these gentry appeal to your interest with

Ewing Galloway

"It would be interesting to know how many automobiles are paid for and kept in repair while the doctor whistles for his money!"

phony "financing" schemes. I know of no better way to illustrate their operating principles than to recount a story a physician told me recently:

"Just after falling for a gyp collection agency and writing *that* experience off to 'profit and loss', I began to receive literature advertising a finance company. Their plan for financing the accounts of patients who could not pay cash for their work sounded convincing, so I decided to give them a trial.

"The first of my patients to use the plan was a young woman employed at a small salary as an instructor in a neighborhood dancing school. I thought she was honest, but I hadn't known her long enough to risk the $100 worth of work that was necessary. She had no cash, so I decided to let the finance company pass on her credit.

"I obtained one of the company's credit blanks; and, after she had filled it out, I mailed it to the company. A few days later I received an envelope containing a form letter, an agreement, and—a check for $50. I'll read you the letter:

"Dear Doctor:

We are pleased to advise you that we have this day accepted your offering of the credit agreement of Miss Blank in the amount of $110, less our service charge of $10, and providing for the payment of $10 on the 10th day of March and ten monthly payments of $10 on the same day of each successive month until fully paid.

We agree 1. To advance you the sum of $50 to be paid to us as provided in the enclosed agreement . . ."

"I stopped at that point to see what the 'enclosed agreement' might be. It read:

New York, N. Y., March .....

"Amount: $50.00

For value received, I promise to pay to the Blank Credit Company on order Fifty and no/100 Dollars without interest in successive monthly remittances of $10.00 on the 15th day of June and $10.00 on the same date of each month thereafter until fully paid. Upon the non-payment of any remittances when due, at the option of the holder, all remaining remittances shall become due and payable immediately. Payable at the office of the Blank Credit Company.

Signature ....."

"After a quick second reading it dawned upon me that if I signed this form *I* would be agreeing to guarantee my patient's credit—which was exactly what I had expected the *finance company* to do!

"There was nothing to guarantee that the patient, after handing over her initial instalment of $10,

Finance

• By FRANK W. BROCK

When a patient buys a car on time the automobile finance company agrees, for a fee, to assume the risk of repossession. Yet when he arranges with a medical finance company to pay your bill on time, it happens not infrequently that you accept all the risk, paying for the privilege into the bargain! Don't miss this article by Mr. Brock, former Better Business Bureau executive.

would pay the remaining $100. I personally was responsible for the company's $50, whether the patient paid or not!

"My delight at the receipt of the check (I could have put it to good use) soon vanished when I discovered it was I, and not the patient, who was obliged to pay it back. Meanwhile, the patient had *already* received a dunning letter from the company.

"Fortunately, I had not begun treatments, so I did not cash the check. I called the patient and told her the deal was off, then phoned the company and cancelled all agreements.

"I'm sick and tired of being stuck. I'm through!"

That's a physician's story of just one company, but it has the essential features common to every bogus finance plan: *The doctor takes all the risk; the company takes none.*

Such finance companies make no investigation of the patient's credit standing, although a complete report can be obtained for not more than $1.50. *Their* money is not involved, so why should they worry? The debtor may have a substantial number of unsatisfied judgments standing against him; yet because in many states only 10% of a person's salary can be attached, a long list of creditors may be standing in line to file their claims against that 10%.

To analyze here all the finance plans being offered is impossible. There are stock schemes, cooperative projects, membership societies, plain commercial companies, and gyps that are not so plain. The doctor's only protection in selecting one of them is a complete and comprehensive report from a reliable agency. Mere "endorsement" by a reputable society is not enough.

The danger of such endorsements may be seen in the case of one "finance company" whose representatives displayed a letter written on the stationery of a prominent professional society. It read (with only identifying names omitted):

> The special committee of the ..... Society, appointed by the President, ..., has thoroughly investigated the new and revised plan for financing patients through illness submitted by .....
>
> The committee approves the plan and recommends it to the membership of the society.

Two years from the date of "approval," these "financiers" were dispossessed for non-payment of rent. The record is not clear as to the disposition of monies held by them, for their clients.

Another company, now defunct, had a contract which required it to make an accounting with the doctor only when *all* the patient's notes had been paid. There was also a proviso allowing the company to "hold back" up to 20% of the total amount collected on behalf of the doctor. In other words, if the doctor had $10,000 worth of notes in process of collection the

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company could retain $2,000 as collected, for security. Once started, this plan was practically self-perpetuating, since it ran entirely on the doctor's money (50% of the individual notes and/or 20% of the total amount). Add to this the natural reluctance of the under-financed company to render an accounting, plus the joy of juggling the other fellow's money, and the danger in the situation becomes evident.

Recall the last sentence in the story of the doctor whose experience I have just recounted—it contains one of the strongest of all arguments against gyp or inadequate finance schemes. "I'm sick and tired of being stuck. I'm through!" A fellow gets "stuck" once, perhaps twice, then he's through. Forever after he's skeptical of the possibilities of a workable financing plan.

The fact remains, however, that there *are* some really workable plans. All the more reason why it is important to select *your* finance company with extreme care. Make sure that—

1. The doctor gets his money and gets it promptly.

2. The money paid by the patient is properly safeguarded until the doctor receives it.

3. The patient will not be antagonized by methods used in collecting the account.

4. The patient is not overcharged for the service.

5. The patient, not the doctor, pays for the cost of the service.

6. *The finance company, and not the doctor, does the financing.*

"With recourse" are two words the physician should regard as danger signals. They have no proper place in any real finance plan. When reduced to simple English they mean that if the patient does not meet his obligation to the finance company, the doctor must make good the unpaid balance.

Finance companies that charge a fee for the purpose, should assume the full risk of collection. It is manifestly unfair for the doctor —who, in some instances, is also asked to pay a fee—to be saddled with this burden. Yet some companies will continue to pass the buck as long as the profession will stand for it.

The financing of professional and hospital fees is already a business employing millions of dollars of capital; and although only a comparatively few doctors are now using the service, it seems inevitable that the instalment plan of paying for professional services will grow. Its definite advantages

THE B-D ASEPTO *Snake Bite* OUTFIT

DESIGNED for quick action. (Suction Method.) It weighs only 5 ounces, is 4⅛ inches long by 2 inches in diameter and may readily be carried in pocket or bag.

It contains one heavy-suction Asepto Syringe with two nickel-plated suction cups for large or small surfaces; 12-inch tubing for tourniquet; two loply iodine ampoules; one razor blade and simple authoritative instructions. Cost complete $1.50.

If you practice in "snake country", it is a practical outfit for you or any of your patients who are out-of-door men.

B-D PRODUCTS
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For the first aid care of wounds and abrasions

MERCUROCHROME, H. W. & D.

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is especially useful during the summer when physicians are constantly called to treat injuries resulting from outdoor activities. Mercurochrome is non-irritating and exerts bactericidal and bacteriostatic action in wounds; it has a background of fifteen years' clinical application.

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AMERICAN MEDICAL ASSN.

After a thorough investigation of the evidence for and against at the close of the last period of acceptance, the Council on Pharmacy and Chemistry of the American Medical Association has again reaccepted Mercurochrome (N.N.R. 1935)

HYNSON, WESTCOTT & DUNNING, INC.

BALTIMORE, MARYLAND

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cannot be denied. One effect is psychological. Many patients view a doctor's bill as a *unit*, all of which must be paid at one time. The instalment method—whether applied by the physician himself, or through a finance company—puts the transaction on a sensible business basis and breaks down a formidable bill into a number of small units to be paid at stated intervals.

The extensive use of deferred payments has familiarized the public with their advantages (and disadvantages); consequently, resistance is not very great. From the doctor's standpoint paying "on time" is a good idea. Bad debts are minimized. An investigation by a responsible company means a real test of the patient's credit. Finance companies have built a reputation as efficient collectors. The average person will not default on an instalment note as readily as he will put off his doctor. It would be interesting to know how many automobiles are paid for while the doctor waits for his money!

•

Credit risks are always present and the profession may some day develop an adequate protection. Meanwhile, in the absence of laws governing finance companies, you'll continue to be the prey of every gyp artist whose manner gains confidence, whose literature is convincing, and whose methods closely resemble those of legitimate business.

Luckily, you can protect yourself in the clinches. Don't trust your own judgment to determine reliability—ask someone who knows.

Better Business Bureaus can usually help. If their files do not contain a complete report, their local contacts provide sources of information which are sometimes closed to the casual inquirer. Take any contracts to them for analysis *before signing*. There is no charge for this service and it is reliable.

Foundation Reports On Medical Survey

Nearly every theory-ridden sociologist in the country has been asked: "What changes should be made in the present system of medical practice?" Six months ago the American Foundation Studies in Government decided to put the question to the proper authority—the profession (January, Medical Economics, page 61). Inquiries were sent to representative medical men throughout the United States. Although their composite answer will not be revealed until the fall, a progress report was issued last month, upon which the following brief article is based. The foundation was started in 1925 by the late Edward W. Bok, and includes on its governing committee such notables as Elihu Root, Robert A. Millikan, Thomas W. Lamont, John G. Winant, and Mrs. Ogden Reid.

DISCARDING tongue-depressors and pulses for a moment, physicians in several sections of the country have taken time out to reply to a letter of inquiry. Postmarked New York and identified as coming from the American Foundation Studies in Government, it asks in part:

"Do you believe a radical change in the present organization of medical care in this coun-

[*Turn the page*]

TILDEN HAS KEPT FAITH WITH PHYSICIANS

IROTHERON (TILDEN)

A tablet of three grains of Ferrous Sulphate buffered with Calcium Gluconate which presents iron in very soluble form with acidity regulated to promote maximum absorption. Indicated in Borderline Conditions, General Debility, Deferred Diagnosis, Anorexia and Allied Conditions.

MALTO-FERRO: Palatable Iron Ammonium Citrate, 10 grains per dram with accessory food factors.

THE TILDEN COMPANY
New Lebanon, N. Y.

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St. Louis, Mo.

COLDS

Accompanied by fever . . .

When the patient has fever, it is generally agreed that he needs to be kept in bed. To diminish febrile acidosis—use BiSoDol.

BiSoDol—the balanced antacid—enables you to give massive doses at frequent intervals with less danger of alkali-imbalance.

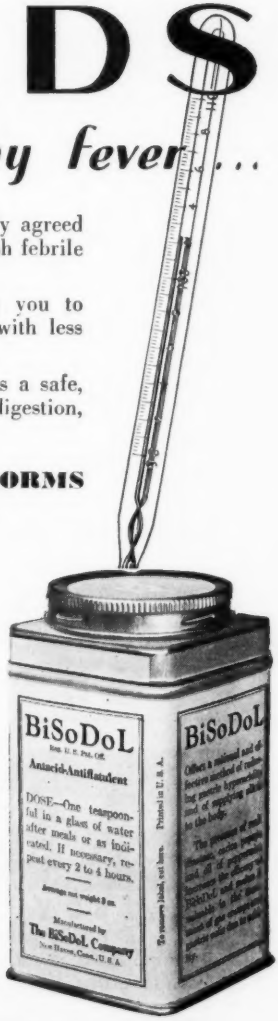
BiSoDol has been used for many years as a safe, effective first-aid in relieving acid indigestion, "sour stomach."

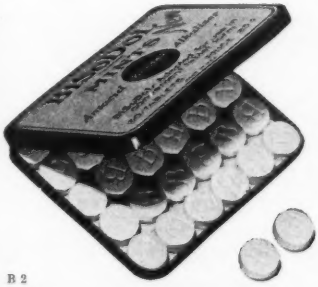
NOW *For Convenience*-TWO FORMS

BiSoDol is also available in the convenient form of BiSoDol Mints—quick-acting, pleasantly flavored, easy to carry, available for use at time of discomfort.

Write for sample and literature.

The BiSoDol Co., New Haven, Conn.





B 2

BiSoDoL

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try is indicated?

"If so, in what direction?

"If you do not believe a radical change is needed, what, if anything, in the present set-up do you think should be revised? What evolutionary possibilities would you stress?"

•

Esther Everett Lape, director of the foundation, made a few remarks last month about the study, for the benefit of the Associated Press. Said she:

"The replies are full, frank, startlingly individual, thoughtful, and detailed. The writers of them include undoubted leaders of medical science throughout the country, men so busy with the scientific aspects of medicine and the demands of urgent practice that they have little time for fliers in social science.

"Organized medicine, characteristically and very naturally suspicious of lay efforts in investigation and reform, has been frank and unguarded in this case. Several state medical journals urged physicians to make 'considered' and 'studious' replies.

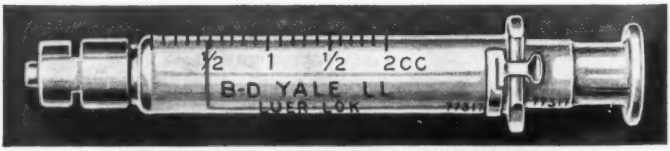
"The American Foundation has no scheme of its own.

"What the Foundation *does* believe is that the problem needs to be much more accurately defined than it has been, before *any* of us can know what solutions are in order and whether and where and how the government comes into the picture."

•

Many physicians have wondered how the replies received by the foundation are going to be handled. This was described: "An advisory committee composed of many of the most prominent medical men in the country is now being formed under the general chairmanship of Dr. Truman G. Schnabel, the medical member of our governing committee. This medical advisory committee will act with the American Foundation in presenting the result of this inquiry.

"It will contain no recommendations of ours. It will simply picture the situation as our correspondents present it, and summarize their proposals for solutions, which range from broad general policies to detailed methods for improving specific aspects of medical practice or medical education."



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. . . for aspirating, intra-muscular injections, spinal and tonsil work and local anesthesia.

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. . . the Luer-Lok metal tip is more than double the strength of the all-glass tip.

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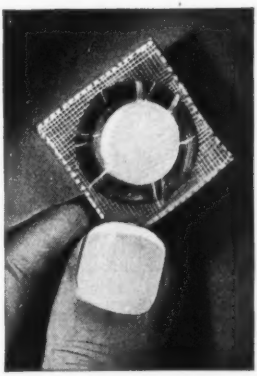

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In dispensing packages of several hundred tablets for hospital or office use, the desired quantity is obtained far more easily when the tablets have been wrapped by Sealtite. The Cellophane jacket about each individual tablet makes selection of the right number, the work of but a few seconds.

Sealtite Uni-wrap is available to established pharmaceutical manufacturers of recognized products.

Details of the use and adaptations of Sealtite Wrapping are available in a recent bulletin. We shall be glad to send you a copy.

The Unique Pharmaceutical Packaging Service Which Is

THE IVERS-LEE COMPANY, Newark, N. J.

* Sealtite Uni-wrap is a method for wrapping oval pills and capsules as well as tablets in air-tight, moisture-proof pockets—formed by welding two sheets of transparent moisture-proof cellulose around each individual unit.

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WHY CAMP SUPPORTS ARE SCIENTIFICALLY DESIGNED

THE Camp designing staff—with a combined experience of many years in the surgical support field—is constantly endeavoring to render in Camp garments the objectives of various groups of specialists consulted, as well as professional suggestions relayed by Camp nurses detailing all over the world and by Camp dealers.

From the eastern seaboard three years ago and a little later from the West and Midwest came this suggestion from obstetricians: the desirability of a diagonal pull, in addition to the straight around attachments, in a garment designed to support the abdominal walls without disturbing the relationship of the fetus to the pelvis. To effect this abdominal support, and at the same time to provide proper back support, was a task involving considerable difficulties. However, approximately twelve months later—after numerous conferences, many adjustments and trial by various pregnant patients—a new series of prenatal supports was completed, prenatal supports with a diagonal pull, proved by X-ray to support properly the abdominal walls without constriction at any point.

A comparable situation arose with a number of different internists. The desirability of a garment to fit snugly—without discomfort—over thin, protruding hip bones and yet to hold the abdominal organs as high as possible, was obvious from requests by physicians who had prescribed and found wanting in these respects many visceroptosis garments. To provide such a garment involved the manufacture of specially made material pliable enough to fit like a hood over the crest of the ilium and sufficiently firm to support the abdominal organs. Only after two years of collaboration and painstaking investigation was there ready for distribution a series of such garments.

Thus is the designing room at the Camp factory a veritable melting pot of professional desires and design possibilities. This is why Camp supports are scientifically designed.

AMERICAN COLLEGE OF SURGEONS

S. H. CAMP & COMPANY
Manufacturers
JACKSON, MICHIGAN
Chicago, New York, Windsor, Canada, London, England

CAMP PROFESSIONAL SUPPORT SERVICE

Accepted by the Council on Physical Therapy of the American Medical Association

Politics CAN Be Wholesome • OMAHA HAS PROVED IT

By HERMAN M. JAHR, M.D.

OMAHA has a population of 214,000. There is nothing peculiarly characteristic about its social and economic status. It is located in the Central West and consists, like most communities, of people with varied religious and racial beliefs.

There is naturally no dearth of physicians, surgeons, and specialists. Local medical facilities are all that the public can desire from the standpoint of quality and quantity. The relationship between the medical profession and the public is agreeable.

There are idealists, social workers, New-Dealers; and lately a fair number of Republicans have come out into the open. It is a city which the chamber of commerce and noon-day club members assert affords its inhabitants a place in which to thrive. In other words, it is best described by that overworked adjective, "typical."

•

Our political hierarchy parallels that found in other communities of corresponding size, except that party lines are practically non-existent. Usually several weeks prior to election, one or several organizations appear on the scene with names more fantastic than their purposes would indicate, and promises which even the citizens of Utopia could never hope to fulfill. Such an organization can often make or break a candidate for office. The leader, usually keen in the ways of politics, watches the tactics of the contestants; and where a candidate evinces particular promise for success, he is picked and sponsored.

Obviously, in order to attack a political problem successfully, it is necessary to aim the shot at the "home office." It is the leader of the organization who ordinarily conceives the name, thinks up the slogan, and feels generally responsible for the behavior of "his" men. This principle must be clearly remembered.

•

Another point to bear in mind is that the machine is always out for a winning election. The power lies in vote control. Therefore, the system is ever anxious to keep as many individuals and groups on its side as possible. The corollary follows: It is an advantage to keep opposing influences down to a minimum.

The story that follows can be duplicated in any community where the doctors are willing to fight political exploitation of laymen and physicians.

Two years ago this spring a cultist's name appeared on the list of candidates for primary election as county commissioner. The fellow enjoyed quite a following, having been hyper-active in church and civic affairs. He was a genial sort, with excellent hand-shaking capacity. Starting as an independent, at the usual "urging" of his friends, it soon became apparent that he would be a strong candidate—so strong that the machine in power was beginning to make overtures to him. We knew that machine-support would make the election a certainty and that it would throw

XUM

the health department into the lap of the cultists.

•

The problem was discussed in the council of the local medical society. It was felt that the society as an organization had better stay out of the picture. Any issue on our part would rather add to than detract from his campaign. *We had little desire to make a martyr out of a quack.* The members felt, however, that something should be done by the profession before catastrophe overtook the city's health department. Meanwhile, an item appeared in the newspapers, indicating that the machine had definitely decided to sponsor the candidate.

The physicians talked about it in the hospital staff-rooms. Some were partially content to allow the public to cut its throat, others bemoaned the low intelligence quotient of the average voter. There were some who decried the impotence of the medical society, while still others maintained that it is gross stupidity—indeed, moral neglect—for the profession to allow official cultist-control in a city of four hundred doctors and over two hundred dentists! But what could be *done* about it?

Said one doctor: "I admit that it is unwise for the medical society as such openly to oppose a candidate. But—." He turned to me: "How many patients are you intimate enough with so that you could ask them, in consideration of their own welfare, not to vote for Mr. ——?"

Without thinking, I said I could ask 50% of those patients I would see during the next month (which meant about one hundred voters). To which my friend replied: "Did it ever occur to you that if every doctor were to do that there would be no chance for this man, sponsors or no sponsors?" That question was the spark that ignited a bonfire of action.

Within two days, sixty men and women congregated for dinner in one of the local hotels. The following professions were represented: medicine, dentistry, nursing, pharmacy. These sixty constituted themselves a committee, and each one of them was given a list of ten people whom he or she was pledged to contact within 48 hours. These people represented the remaining membership of the four professions. Each member thus contacted was asked, in turn, to call the attention of at least five people a day

[*Continued on page* 69]

Graduated **B-D ASEPTO** *Syringes*
Individually Calibrated · Accuracy Assured
for **PYELOGRAPHY—Lewis No. 2053**
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Made for the Profession
Send for an ASEPTO syringe folder illustrating 50 styles and sizes
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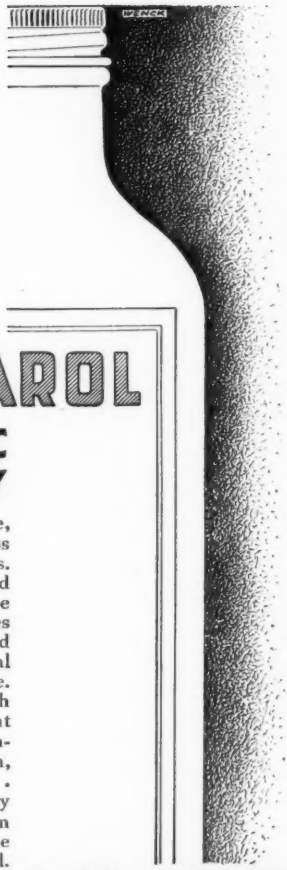

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Agarol creates no intestinal hurricane, it acts in harmony with the gentleness and rhythmicity of normal peristalsis. The intestinal contents are softened with unabsorbable mineral oil, the fecal mass is kept pliable and passes out with ease through the lubricated channel. There is no excess of mineral oil to form lakes and cause leakage. There is no "peristaltic rush" with Agarol, but its phenolphthalein content affords adequate stimulation of the intestinal musculature to assure thorough, painless and *timed* evacuation . . . Pleasant taste adds to the desirability of Agarol as a therapeutic measure in acute and habitual constipation. Write for a trial supply on your letterhead.

AGAROL

Bottles of 6, 10 and 16 ounces. Average dose is one tablespoonful.

WILLIAM R. WARNER & CO., INC.
113 West 18th Street, New York City

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THESE 6 FEATURES, DOCTOR

Cream of Wheat is essentially the endosperm of the hard wheat berry, prepared by removing the bran covering and wheat germ. The endosperm is purified and treated by a high degree of heat, rendering the finished product sterile, and destroying all possible organic life which might later produce deterioration of the cereal. ★ ★ ★ Cream of Wheat provides an abundance of essential food elements and minerals. Except for variations due to minor differences in the wheat itself, Cream of Wheat contains: protein, 11.8%; fat, 2.4%; carbohydrate, 72.5%; and ash, 0.7%. The ash consists of alkaline-forming elements which contribute to the disposal of acid end-products of metabolism, and essential minerals which prove of value in appreciable quantities, fortifying the mineral requirements provided by other matters in the diet. ★ ★ ★ This composition, together with the six features enumerated at the right, merits preference for Cream of Wheat. It deserves being the cereal of choice for infant and child feeding, and also fills a well-defined need in the adult diet.

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make CREAM OF WHEAT an Ideal Cereal

★ EASY AND RAPID DIGESTIBILITY Because the outer bran husk has been removed from each individual kernel, Cream of Wheat is readily acted upon by the starch-splitting enzymes of the pancreatic juice, and is quickly converted into energy-yielding dextrose. Thus, digestion is not delayed, and absorption takes place in a minimum length of time.

★ NUTRIENT VALUE A bowl of Cream of Wheat, the usual serving, provides 165 calories: When served with cream and sugar, and butter in cases of malnutrition, the caloric content is increased two or three-fold.

★ READILY AVAILABLE ENERGY Two hours after Cream of Wheat is eaten, 90% of it has entered the small intestine. Prompt conversion into dextrose, and rapid absorption and assimilation, provides readily available energy for the growing child, the normal adult, and the convalescing patient.

★ PALATABILITY Cream of Wheat is palatable. Its creamy consistency and appealing taste prove equally tempting to infants, growing children, and adults. The serious problem in infant and child feeding, food dislike, is readily solved thru the use of Cream of Wheat.

★ STERILITY When prepared by cooking just prior to serving, the temperature of the boiling cereal insures complete destruction of any possible germ life. Thus, effects of contamination after the package is opened, are entirely overcome.

★ ECONOMY Cream of Wheat is an economical cereal. Its price to the patient is low, and its cost of preparation is small, since it need not be boiled for more than 15 minutes for children or adults, and not more than 30 minutes for infants.

●

An interesting and informative brochure, "The Role of Carbohydrate Digestion and Metabolism in the Body Economy," will be forwarded to physicians on request. Please address Cream of Wheat Corporation, Minneapolis, Minnesota, Department ME. 536.

Bard-Parker Sterilizing Jar. Ideal for use with B-P Germicide. Equipped with adjustable instrument holder and air-tight cover. Price, complete $4.50.

This Problem HAD TO BE SOLVED

Uniformly superior Bard-Parker surgical knives and scissors were available to the profession. Our problem then became one of preserving these superior qualities after the instruments had passed through a sterilizing process that not only insured maximum sterilization, but avoided the possibilities of rust, corrosion or injury experienced when boiling, steam or chemical mediums were employed.

BARD-PARKER
Formaldehyde
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has proved the practical solution to this important problem. It affords economical sterilization which is absolutely rust-proof and safe for all steel instruments, syringes and heat treated rubber. It dries rapidly without residue, making the recontaminating steps of rinsing or wiping unnecessary. It is stable and retains its germicidal potency after repeated immersion of instruments. Replacement and repair of instruments caused by rust and corrosion are eliminated. These important characteristics make B-P Germicide a decidedly economical sterilizing agent.

Prices: Pint bottles, $1.00 each. Quart bottles, $1.75 each. Gallon bottles, $5.00 each. For quantity discounts ask your dealer.

PARKER, WHITE & HEYL, INC.
DANBURY CONNECTICUT

B-P
A BARD-PARKER PRODUCT

to the danger of the candidacy in question.

From the enthusiasm displayed at the meeting it was apparent that while the professions may, under ordinary circumstances, offer but scant evidence of unified effort, they display plenty of it when a common enemy looms in sight. It was a revelation to see older and younger doctors, nurses and pharmacists go into political battle.

There were no brass bands or idle oratory. We had no axe to grind. We were simply protecting the public from threatening danger.

•

The day after this memorable assembly a subcommittee called upon the machine. In simple language we stated that the medical profession would not look indifferently on the political scene when a charlatan was being groomed for office.

The leader grinned good naturedly and assured us that he would be personally responsible. He knew about the good work of the doctors in taking care of the poor without pay; some of his best friends were doctors. It was ridiculous on our part to suspect that any elected official would take advantage of us. We agreed to everything he said. We even agreed that it would be embarrassing for the gentleman to knife a candidate who had been assured of machine support. "Embarrassing nothing," he puffed. "It's impossible. We don't do things that way."

Whereupon our spokesman produced the minutes of the meeting with this statement: "You either drop this man or we'll go after every candidate on your ticket. We can upset your whole machine. If you don't believe it try us."

"Now gentlemen, you are threatening me," the leader smiled, although the smile now betrayed his self-composure. "Let me think it over."

Two days later it was announced that owing to a "disagreement in policy," Mr. —— had been dropped from the ticket.

State legislatures in 1935 were infested with bills contrary to public good and aimed at the medical profession. In our own state there were more than a dozen pernicious proposals. Early in the fall we made it our business to interview each representative in our district and acquaint him with the local set-up. Practically every legislator expressed satisfaction with the plan and promised to cooperate. Furthermore, they all fulfilled their promises. Not one bad bill became a law! The system proved so satisfactory from every angle that it has since been extended to the entire state.

•

It must be emphasized that only insofar as our attempts are limited to public protection may our activities prove a blessing. I am of the belief that while medical men must assume and maintain an active interest in politics, this interest must remain limited to health administration policies and never be allowed to degenerate into bickering about candidates or bargaining over the spoils system.

We have real political power if we will only use it. The experience in Omaha proves it.

BOILS Oral Treatment That Avoids the Lance STYES
STANNOXYL
4-8 tablets daily - Samples on request
ANGLO-FRENCH DRUG CO. U. S. A. Inc., 1270 Broadway, New York, N. Y.

XUM

CANNED FOODS AND THE PUBLIC HEALTH

IV. BOTULISM

• Several of our readers have inquired as to the possibility of botulism resulting from the consumption of commercially canned foods. The canning industry is proud of the part it has played in the eradication from its products of this deadly type of food intoxication. We are glad to devote this space to a discussion of this important topic.

During recent years, the daily press periodically carries reports relating how one or more members of a family, or of a group of persons, were stricken after a meal, usually with fatal results. Sometimes these accounts describe how an "anti-toxin" was rushed to the scene —an indication that botulism was involved. These press reports often include the statement that a "canned food" was incriminated as the cause of the illness.

We wish to emphasize that as far as the records go, these outbreaks without exception are not attributed to foods commercially canned in this country. In practically every instance, it was found that the foods—usually of a non-acid or semi-acid nature—had been preserved at home by the use of inadequate heat sterilization processes (1). These press reports, by not stating correctly the type of food involved, have done much to cast unwarranted suspicion on commercially canned foods as possible causes of botulism.

Botulism, or acute toxemia due to clostridium botulinum, is by no means a new affliction. As early as 1802—ninety-five years before van Ermengem discovered the true cause of the intoxication—warnings were issued against botulism. However, not until severe outbreaks occurred in this country some fifteen years ago, was it realized that cognizance should be taken of the fact that foods canned by the methods used in those days could become contaminated with the toxin of this organism. This fact having been realized, the canning industry took immediate steps to prevent such contamination of their products.

Research was inaugurated and has been continued to which the industry has contributed not only financially, but also by the studies of scientists associated directly with the canning industry (2). The end result of these researches was the development of scientific methods of determination of heat sterilization treatments, or heat processes as they are known to the industry, which would be adequate to insure the safety of canned foods from the standpoint of botulism (3).

The effectiveness of the measures generally adopted by the canning industry of the United States is evidenced by the fact that no case of botulism attributable to an American commercially canned food has occurred during the past ten years (1a). Foods packed in commercial canneries are heat processed not only to insure protection from bacterial spoilage causing merely the loss of the food, but to render them safe from the standpoint of botulism, as well. In fact, a sterilizing process sufficient to insure the destruction of the most heat resistant strain of Cl. botulinum ever isolated is considered the minimum requirement of heat treatment of commercially canned foods. The National Canners Association has issued lists of scientifically determined processes for non-acid canned foods with which canners comply (4).

Such are the facts. The American canning industry offers its products to the consuming public for what they are; namely, wholesome and nutritious foods.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

1. a) *1935* Amer. J. Public Health, 25, 801 b) *1935* J. Amer. Diet. Assn. 11, 18 2. *1926* J. Bacteriology 31, No. 1, P. 71 *1923* Amer. J. Public Health 13, 106 3. *1922* Natl. Res. Council Bulletin, 7, No. 37 *1931* N.C.A. Bulletin 26-L, Revised *1922* J. Inf. Dis. 31, 660

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

Investors' Clinic

By FRANK H. McCONNELL

FOR more than a year, the stock market has been advancing. Cautious investors are beginning to ponder. When, they ask, is the market going to react?

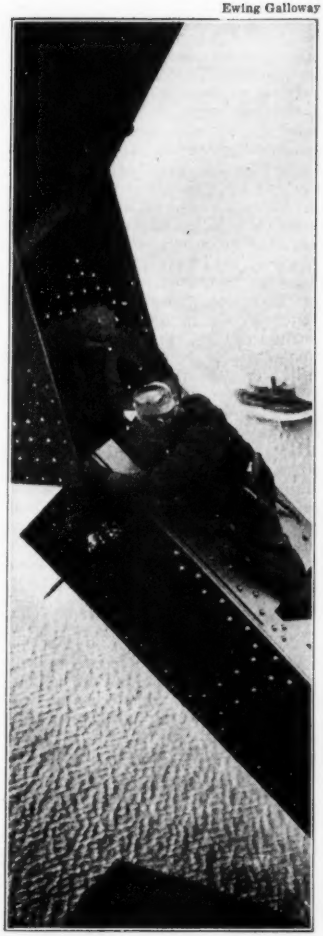
By "react," they do not mean to imply that they expect the market to take a long-continuing plunge downward as it did in the bear market of 1929-1932. But they do think that a temporary setback, lasting three to six weeks or so, is probably due. They would feel better if the market had it. Then they could regard the market as behaving according to pattern; for over a long period of years, every bull market has had its periods of relapse, lasting for several weeks, after which prices have again headed higher.

Such reactions are natural, just as they are experienced by many patients who build up their strength quite rapidly for awhile, suffer a reaction, and then start convalescing again. There seems to be a law, affecting such diverse things as health, the building of wealth, the growth of children, and the course of bull markets, which stipulates that progress shall follow an irregular course; that it be subjected to testing periods on the way. The present bull market will be no exception.

Preparing for Reactions

The important thing for the owner of stocks to do when bull market reactions develop, is to take life easy and not worry too much. During such periods, he will find other investors talking about losses. Their melancholy will spread like contagion, until finally it will prompt many easily discouraged people to sell their securities—usually at the very time they should be buying. How-

Ewing Galloway



Building—industry's sluggard—shows signs of life.

ever, such sinking spells are not long-lived in bull markets when the predominant long-range trend is upward. Prices rally with surprising vigor.

"Never completely reverse your position," is the axiom of a stock market operator who has been tested in the fires of experience. "If you are holding stocks and suddenly feel that you are wrong in your calculation and that the market may go down, sell some of your shares—lighten the risk—but don't go to the extreme in the other direction. For you may be twice wrong if you do."

Such a policy, right now, appears wise. It is a good time to take some profits, and keep a larger than usual proportion of one's assets in cash. However, it appears decidedly unsound policy to sell all stocks in the hope of re-buying them lower. That is a venturesome move, best left to the trained and by no means omniscient stock market trader. Few traders ever make out so well, anyway, as investors who take a long-pull stand and stick to it.

Looking for Laggards

Not many of the important industries can still be classed as lagging behind others in the recovery since 1933, and these few appear now to be making headway. It is advisable to keep them in mind when planning new purchases of shares.

Principal among these present-day sluggards are the building and building equipment shares (companies which engage either directly in the work of new construction or furnish basic materials or machinery that are employed in building); some of the stronger department stores; oil companies; the great electrical equipment companies; the communications concerns, notably American Telephone & Telegraph which is an industry within itself; and some of the important chemical manufacturing companies.

True, these shares have gained during the past year; but their gains have not been so sharp as those of a number of other industries. Moderate purchases of such shares appear warranted.

Some Have Climbed Too Fast

Meanwhile, some other industries have gone ahead very fast, and it is not at all unlikely that they will slow down a little during the coming months; that they will gain less in 1936 over the previous year than they did in 1935.

In this list of possibilities may now be included the automobile, radio, distillery, and steel companies. For the summer, at least, it appears that some of the bloom may be off the rose.

If their sales momentum slackens, shares of these companies will probably react for a good psychological reason. When the business of a company is gaining, people become over-enthusiastic about its prospects. They expect it to keep right on improving without stopping for breath. And when it does stop, their enthusiasm suddenly chills.

Over-enthusiasm apparently has prompted much of the recent buying in the above industries.

More Power Left in Others

But there are other industries which have considerable power left, and have still a long way to go to earn the profits that are considered normal for them. In this group are the railroads, public

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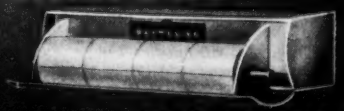

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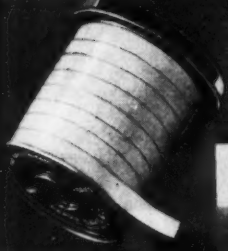

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XUM

utilities, and also the farm equipment companies, although the latter had an excellent year in 1935 and set their aggregate profits at a high figure to improve on.

Railroads have cut their expenses sharply. These expenses will increase during 1936, due to new taxes, such as the Railroad Retirement (pension) Act and the Social Security Act. But, meanwhile, railroad traffic is rising; and there is good chance that these gains will more than offset rising costs of running the railroads. The outlook for the carriers has improved definitely since mid-December, even though much remains to cause the railroads future worry.

The public utilities, too, have troubles ahead, but they also have one big thing in their favor: People and industries are buying more electricity than before, and this year will doubtless see new record high figures for consumption of electric power. Moreover, utility stocks for a long time have not been liked by investors because of their concern over new legislation. This legislation has now taken form. It is a thing of the past and the utilities are rapidly adjusting to it. Their shares are again gaining popularity and are becoming more attractive for investment.

Farm Communities Are Buying

During February, 1936, the latest month for which government figures are available, sales of farm products brought $469,000,000 cash to farmers. This was far above the $401,000,000 reported for February, 1935. Moreover, in February, 1935 farm income included $51,671,000 AAA benefit payments which were absent from this February's farm income. In other words, even though they didn't collect last February some $50,000,000 in Government checks, as they did the year before, the farmers received nearly $70,000,000 more for their products than in February, 1935.

The answer, of course, lies in one fact: Farm prices are today higher than they were a year ago.

As a result of increased income, farmers this year are buying more tractors, ploughs, trucks and general merchandise, particularly merchandise sold by the large mail order houses, than they did last year. Consequently, shares of

in LEUCORRHEA

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WITH the appearance of Viosterol seven years ago, bearing the names of these five leading pharmaceutical houses licensed to use the Steenbock Irradiation Process, a scourge of civilization—rickets—lost its threat.

For here was a product that made the bone and tooth-building Vitamin D more readily available in easy-to-administer form. In September, 1924, the Journal of Biological Chemistry carried Dr. Steenbock's first report on the production of Vitamin D by means of ultra-violet irradiation. In the Journal of the American Medical Association of April 11, 1925, he pointed to the use of this process in the preparation of Vitamin D medicinals for prophylactic and therapeutic use.

It was in consultation with many leading pediatricians that Dr. Steenbock was encouraged to initiate the early clinical and experimental studies of Vitamin D. Then came intensive research by clinics and by the pharmaceutical manufacturers, out of which developed the technique for making Viosterol of standard potency, uniformity and stability.

From the beginning the Council on Pharmacy and Chemistry of the American Medical Association took an active and important interest in the research on Steenbock Process Viosterol, reviewing the findings of eminent pediatricians and, when the efficacy of the product was demonstrated, permitting distribution and suggesting the name Viosterol.

In the seven years since these five manufacturers were made responsible for producing, distributing and maintaining the quality of Viosterol, they have continued research to insure the integrity of the product. As use and volume have increased, they have twice reduced the price at which it is sold.

Viosterol is identified by five leading pharmaceutical houses, and its quality standards are maintained by them and by this Foundation's continuous service of biological assays.

*WISCONSIN ALUMNI RESEARCH FOUNDATION
MADISON, WISCONSIN

*A corporation not for private profit . . . founded in 1925 . . . to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays, the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.

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companies dealing in such articles invite investment buying. It seems likely that 1936 will witness their second good year in a row.

Biscuit Profits Already Rising

A few months ago, a truce was declared in the free-for-all fight among biscuit baking companies, in which the larger concerns were suffering no little discomfiture because of price-cutting on the part of smaller independent companies. Today, these principal companies are operating at a good profit.

One of the largest will show for the first quarter of this year, a profit—nearly double the figure for the first quarter of last year.

Inasmuch as shares of these leading companies were slow to advance while the price war was raging, and only recently have begun to make up for lost time, they continue attractive for investment.

Bidding for Bonds

In a single recent week, $425,000,000 of new bonds were sold by leading American corporations, including the U. S.-Government-sponsored Federal Land Bank System. This set a new high sales mark for such offerings during any one week in American financial history.

Prices paid for these bonds were at or near the highest levels ever paid for securities of their particular type.

This record is significant. It shows that good bonds today are in greater demand than ever before.

Whether they are U. S. Governments, first-quality state or city, or triple-A corporation bonds, high-grade bonds today are a good thing to have. Investors can turn them into cash at high prices with little difficulty, but they shouldn't do so unless they seriously need the money. Bond prices will probably go still higher. Demand for such securities is greater today than the available supply.

Billing Ahead of Time

STATEMENTS that arrive two or three days after the first of the month usually come on the scene too late to elicit more than a glance, let alone a check. Even if money is available, the average debtor is keenly aware of the fact that he has already paid a number of bills that came on the first. He feels that he has done enough for the time being. The wastebasket or a well-stuffed pocket is always handy.

A highly-rated authority on collections, credit manager of a nationally known company, is responsible for the foregoing opinion and for the suggestion that follows.

The trouble with many a physicians' billing procedure, he opines, is its lack of promptness. A doctor's statement is likely to come moseying along two to five days after a patient has either paid, or made plans to pay, other bills that arrived with the first day of the month. The solution: a minor shift in clerical routine to make possible the mailing of statements two days before the end of the month. They will then reach their destination just before bill-and-checkbook time and be sure to get consideration in Jim Citizen's monthly flurry of paying.

Even if you are paying double

the price of Dionol for another supposedly comparable ointment, we still guarantee that Dionol will give you more uniformly dependable results.

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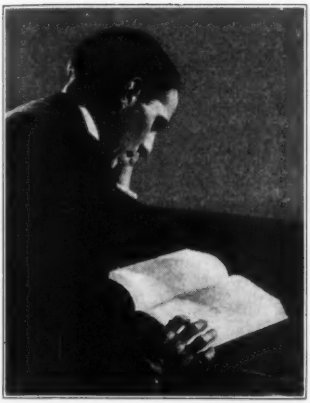

MAKE Time for Reading!

SOME OF THE BUSIEST PHYSICIANS DEVOTE THE MOST TIME TO IT

THE plethora of medical journals, books, and scientific papers constantly being published tends to give the physician an uncomfortable feeling that he is falling behind the times. This holds true whether he is a country practitioner or a specialist whose office is in the very shadow of a metropolitan medical center.

Not that it's difficult to understand why he should have little or no time for reading. A crowded daily office - to - hospital - to-home routine—plus the usual domestic obligations—seems to consume more hours than exist in a day.

But since systematic reading is vital—and especially since many of the busiest men do find time to keep up with progress—the question of whether a doctor can *make* time in his day for reading becomes a challenging one. MEDICAL ECONOMICS assigned one of its editorial staff members to interview a number of physicians and ask them the following: "Do You Read? When Do You Read? How Much Do You Read?"

Several significant facts were revealed by the interviews:

The extent of a doctor's practice, oddly enough, doesn't seem to have much effect on the amount of reading he does; some of the busiest doctors seem to have most time for reading.

Younger men do much more reading than older men. This may be due in part to the fact that the habit of reading, acquired in medical school, makes it less of an ordeal. Then, too, there is the matter of the younger practitioner's greater leisure.

Specialists seem to read more than general practitioners; probably because their field is more limited and their material more readily accessible.

A number of physicians—especially among the older men—have found that they had to retrain themselves for reading because they had lost the habit of concentration.

But the one important conclusion which stands out from all the interviews is that everyone can *make* time to read, provided he is willing to take some trouble and do some planning. The following suggestions have been almost unanimously endorsed by those who have been successful in reading a fair amount of current medical literature:

1. You will not do much reading if you simply decide to do it

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"whenever you get a chance." These chances somehow never seem to come.

2. You must set aside a definite period of time for reading—and then treat it as you would an appointment with a patient.

3. You must learn how to read —especially medical literature— *efficiently*, so that you will not be swamped under an avalanche of superfluous wordage.

To take these points up in more detail:

The need of *forcing the issue* is stressed by almost every doctor who gets time to read. As one physician said: "The practitioner must simply *force* himself to sit down and read. Unless he does so, he is lost. The incentive for reading, while apparent to every doctor, seems to lack the drive of some of the more immediate, more pressing duties—and these always win out. Once they do—voilá! The poisonous thought: 'I'll catch up on my reading tomorrow' is as morale-destroying as the first slip of a person on a diet. Whether you read or not, your medical journals keep coming.

"The pile of unread magazines keeps growing and soon reaches such formidable proportions that you simply haven't the courage to tackle it."

As a matter of fact, this fear of having already missed so much that it doesn't pay to start now is common. It is a weak argument, of course, and its weakness is obvious to the physician as he makes it. But it does require considerable determination to take the initial step in *making* time to read, to decide that the past is gone and that the present is a good time to plunge in. Especially since you are on a plan it will be comparatively easy to devote a small part of your reading hour to a review of what went on before.

The question of setting aside a definite time for reading is a ticklish one. No one, obviously, can set a definite hour for you to adopt; it's all a matter of personal preference or of individual circumstances. Several of the doctors interviewed preferred the early morning hours. "Once my office routine begins, I know I'll never get a chance to slow up," one of them explained. Others think that the hour right after dinner is best. One busy cynic insisted that he needs all the time he has but that he uses medical journals as a sure antidote for insomnia!

The amount of time is also a matter of convenience or preference. Some read for a half hour a day; others for two or three hours. Several of the physicians interviewed found that they could not allow themselves any set daily period but that they could —with comparatively little inconvenience—set aside a full evening or afternoon a week during which to catch up on their

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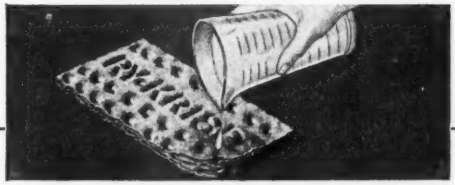
Common Constipation responds quickly to RY-KRISP a *natural* corrective



This is what happens when the liquids in the stomach come in contact with Ry-Krisp. Each wafer can absorb five times its weight in water—producing bulk to stimulate peristaltic action. Its bran, pentosan and crude fiber content all tend to produce normal bowel action.

Made simply of whole rye, salt and water—double-baked to tempting, brittle crispness—Ry-Krisp is an ideal natural corrective for common constipation due to insufficient bulk. It has a high percentage of bran, high pentosan and crude fiber content—all of which encourage normal bowel action.

The very fact that Ry-Krisp is such a pleasant alternate for crackers, toast or bread—at breakfast, lunch or dinner—is assurance of satisfactory results in the diet. Your patients—both children and adults—are *glad* to eat these crisp whole rye wafers regularly.

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(This offer limited to residents of the United States and Canada)

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reading. They treat this afternoon or evening as they would their work at the clinic—as an inescapable obligation.

The way in which you read is all-important. For unless you read *with a system*, even two hours a day will not be enough; and you will still feel that you are missing a great deal. Medical journals and medical books are still unpardonably verbose and padded. One physician indicated them in these words: "Many articles are too detailed, giving too much historical background, too much material we already know. Also, many papers published are not really important because in their conclusion they admit that the study doesn't prove anything and that more work must be done in the future. A doctor must be able to digest an article at a glance. Some journals do give a short summary at the end of a paper, a paragraph or two which you should scan first so that you may know whether or not to read the entire article. As a rule, the specialist hasn't as much of a problem of selection as the general practitioner. When a summary is not available, the former can get a great deal of information about what the paper contains simply by reading the sub-heads which appear throughout the paper. In books, of course, the index is a useful guide. Use it generously and you will be able to do much more worthwhile reading in a shorter time."

Cooperative or group reading has a surprising number of advocates among the doctors interviewed. Two general practitioners seen, for example, have for a long period of time made it a practice to divide their journals in half. Each must read his share. Then they get together once a week and spend two hours or so discussing what they have read. So well has this cooperative venture worked out that only recently a third physician asked permission to join the group. He was admitted, and now they are increasing the number of magazines they will read.

Many advantages are claimed for this group reading: It keeps all the members to their assignments, since there is a certain obligation on the part of each member to the rest of the group. Also, there is value and benefit in the discussion which follows the reading; experiences are exchanged, arguments and doubts are settled.

Systematic reading of medical literature is vital. As one practitioner expressed it: "I would no sooner give up my daily reading hour than my office phone; it keeps me in touch with the world."

That is self-evident. But the truly important point is that time can be *made* for reading in the busiest schedule. It needs planning, perseverance, and a "system." But it *can* be done.

Just one more word. Patients nowadays read a great deal about experiments, new techniques, etc. Magazines and newspapers know that medical copy is good human interest material. So, not infrequently a patient will ask you about some recent development. If you know what she refers to, well and good. If you don't, don't aggravate matters by leaving journals in their wrappers where the patient can see them. When everyone prides himself on being up-to-date, it's bad psychology and poor practice!

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Interesting test for cigarette mildness

IT is an interesting fact that most people in experiencing tongue-bite react consistently to a given brand of cigarette. In fact, this reaction is so reliable that a routine tongue-bite test has been developed which has proven highly accurate as a measure of mildness in a cigarette.

In this test, cigarettes of standard moisture content and unknown brand (the names being obscured with a wide stripe of pure carbon ink) are "chain-smoked" by lighting each cigarette with the glowing butt of the one preceding, until some distaste or discomfort causes the smoker to stop.

The accompanying table gives the results of a long series of these tests with 30 persons, and embracing seven popular brands of cigarettes. They are listed from top to bottom in the order of their mildness (figures show the millimeters smoked before some disagreeable sensation causes the smoker to stop).

Cigarette	A	B	C	D	E	F	G
Millimeters Smoked	143	134	129	116	113	109	104

Cigarette A was Spud. The Spud brand gets its mildness from the fact that it *keeps smoke temperature low* —through the use of a minute quantity of menthol applied by a special process so that it does not interfere with the smoker's enjoyment of fine tobaccos.

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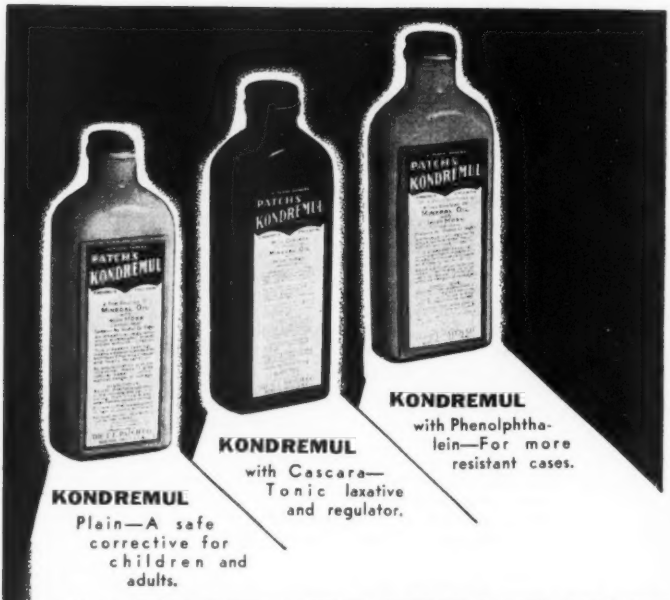

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For ordinary cases of constipation, the regulatory action of Kondremul Plain is found to be effective because the oil globules are carried through the intestinal tract without breakdown, and mix thoroughly with the fecal mass.

In atonic constipation, Kondremul with Cascara is beneficial because the tonic laxative properties of non-bitter cascara are added to the soft bulk of Kondremul.

For more resistant cases, Kondremul with Phenolphthalein presents the eliminant phenolphthalein in conjunction with the corrective Kondremul.

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Who Gets the Insurance Money?

By RAY GILES, AUTHOR OF "YOUR MONEY AND YOUR LIFE INSURANCE"

AS he rose to leave my office, the life insurance agent remarked, "I'm going now to call on a physician who is changing the settlement of his one large life insurance policy so that nineteen nieces and nephews will share alike in the proceeds when he dies."

I was familiar with many different methods of settlement, including the newer innovations for the distribution of insurance money; but never before had I heard of so many people participating in a single policy. The incident serves to remind us that one of the most interesting developments in life insurance of late has been the increasing latitude allowed in making settlements appropriate to different personal problems and financial programs through what are called "optional modes of settlement"—the several different choices in forms of settlement which are contained in a single policy. A few additional examples will help to make plainer the flexibility we find today in provisions made for paying off a policy at maturity.

F. E. C., a young unmarried professional man is at present earning $2,000 a year. Out of this he sets aside $240 a year for $10,000 of ordinary life insurance, naming his mother as beneficiary, but with the expectation of changing the beneficiary to a wife later on. This contract has an added feature in that it guarantees him $50 a month should he suffer disability, but if this occurred he would not have to pay any further premiums though his insurance would continue in force just the same. If he dies by accident his dependents will get $20,000 instead of $10,000. And the contract contains a printed table guaranteeing a growing cash value of the

Ewing Galloway

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policy on each succeeding anniversary date of its issuance, together with a statement of what life income that cash value will purchase. This makes the contract a pension settlement for the policyholder at the same time that it is life insurance to protect his mother. The flexibility of settlement is further increased by the fact that his beneficiary can choose her own form of settlement—taking either a single cash payment in full, or income for life, or a combination of withdrawal of part of principal together with income settlement of the balance due.

The next example illustrates how an insurance settlement can be arranged to provide for that typical rise and fall in the money needs of the average family; the rise accompanying the period when there are small children, and the drop in money needs coming when the children grow up and begin to earn their own support. Dr. J. J. C. pays $9.56 a week for his life insurance and has specified a settlement which would give his wife about $130 a month for five years after his death should he go before his time. Thereafter she would get $50 or more a month for the rest of her life. (The exact amounts of income for both periods would vary with the time of the insured man's decease.) To this add still another settlement: the payment of $10,000 to each child when both parents are gone.

Another physician of 35, for reasons we will not enter into here, does not want to tie himself up with a definite commitment. This man wants to protect his wife, but wishes to reserve the right to move in any direction after the five years are up. In one of the recently developed policies he gets immediate life coverage of $20,000. When the five year period comes to an end, he can do any one of these things with the policy: Option One: Without increasing premiums a cent a year he can have the amount of protection increased to $30,380. Option Two: The original $20,000 coverage can be continued at the same premium rate and the policy will be fully paid up when he reaches the age of 53. Option Three: By paying the same premium the policy will mature in full on his 61st birthday, when he will receive the face value of $20,000 in full. Option Four: If he wants to continue with the original $20,000 policy, he can do so for life, and his premium cost will be reduced about 40 per cent. Option Five: If he continues to pay premiums to his 66th birthday, the insurance company will settle with him by paying him $100 a month for life.

And these five options cover only part of the story of what this man can do in the way of settling his single insurance policy.

•

The physician who spread the settlement of his single large policy among nineteen young relatives exemplifies the one extreme of covering as many people as possible in a single insurance contract. At the other extreme is the man who likes a number of policies, each taken for the settlement of some particular financial demand that may come to his family or himself. The collection of policies as a whole constitutes a well-rounded financial program. That is the

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Physicians have learned by experience that improvement in the function of the small intestine and colon accomplishes a great deal toward the complete alleviation of ulcer symptoms.

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Taken well diluted with any type of liquid, Metamucil forms a soft, plastic, mucilaginous, lubricating, non-irritating fecal mass—promotes normal peristalsis.

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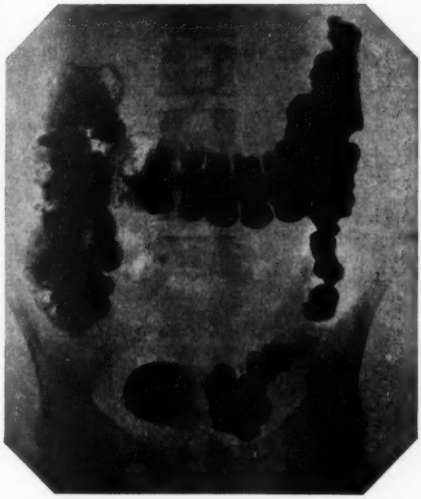

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State .....

way Dr. K., now 45, has been planning his affairs; a look at what he has already done and hopes to do in the future will tell its own story of intelligent foresight and planning.

Step One: Dr. K's first policy for life insurance was taken when he began to practice. His parents had jeopardized their own old-age accumulation to help him through medical school, and he felt that $5,000 of the money they had given him from their capital was a loan which he should protect for them. So he took a $5,000 policy, payable to them. Happily, he paid off the loan from earnings sooner than he expected, and then married.

Step Two: The beneficiary of the $5,000 was now changed to Mrs. K., his wife; and for her further protection he took out $15,000 more of "wife insurance." He also took a $1,000 policy to pay funeral expenses—"in case."

Step Three: When children arrived, he increased his life insurance, and at an early age he took policies for the benefit of each child. This was to provide additional income in the event of his premature death, but more particularly to supply funds for their college education. These were also ordinary life insurance policies, but the settlement provision was very different from that in his earlier policies. If he died, they provided a small quarterly income of about $40 a month until the child was ready for college. Then the income jumped to over $110 per month for exactly four years.

When she and her insurance adviser were discussing this, Mrs. K. asked, "But what if the children don't want to go to college?"

The adviser answered, "In that event, the quarterly income will continue to the age of 22, when the child will either receive $5,000 in cash or arrange an income settlement of his own choice."

Step Four: At 45 today, Dr. K. feels that he is about at the peak of his earning power, which means that he is also at the height of his estate-building period. He owns real estate, bonds, and stocks in addition to his insurance estate. But there is a mortgage on his home and he has just taken another policy to pay it off in case he fails to do so out of earnings. His estate is big enough to be subject to state and federal tax. He has taxes on his income and taxes on his real estate. So he has still another policy to p r o v i d e immediate funds for these taxes, some of which may fall due when he dies. That brings us up to date with Dr. K.

Looking forward, this physician is prepared to move on to the next step, whatever it may be. He would like to retire at 55, and if his earnings continue at their present rate and the children become self-supporting he will be well able to do so. The cash value of insurance taken earlier in life can be collected for

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PANCROBILIN

in TABLET FORM

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The newest preparation of Reed & Carnrick Pancrobilin group is in tablet form. Nearly fifty years ago came Pancrobilin Plain, the base of all the Pancrobilin products, which contains only the pancreatic enzymes and pure bile salts. Then, Pancrobilin Pills were made in four different forms, each one combining Pancrobilin Plain with one of these four drugs—aloin, cascara, podophyllin, phenolphthalein. And now—Pancrobilin TABLETS offer the original endocrine product reinforced with minute quantities of *all* of the laxative tonic drugs used in the Pills.

The new Pancrobilin TABLETS simplify for physicians the matter of prescribing for the stubborn constipational ills of this generation. In this single product are the essential agents required both to relieve the condition of intestinal stasis, gallbladder torpidity, and to restore the gastrointestinal system to normal.

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Steam-cured, transparent, smooth finish diaphragms, produced under an improved process resulting in the very finest product of its kind.

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TABLAX COMPANY

Pharmaceutical Laboratories

32 Union Square, New York, N. Y.

the benefit of his wife and himself in the form of an annuity which will add substantially to their income from securities. If things do not go so well, he can still retire, though he may have to live more modestly. Finally, even if unforseen financial difficulties come, he still has an insurance estate so substantial that he never need worry. All his insurance is convertible into income, and the longer settlement can be postponed, the higher the rate of income he will secure.

So, instead of giving to nineteen nieces and nephews through one policy, Dr. K. has about a dozen policies, in such amounts and so arranged that they will provide for almost any financial contingency that can occur.

■

Reading life insurance policies is dreary business to those who dislike legal language, but every insured person who has life insurance should make the effort and should be familiar with the provisions to be found under some such heading as "Optional Modes of Settlement." As I write, I have before me the two pages covering settlements as found in a standard life insurance contract. To neglect becoming familiar with this section of your insurance contracts is to neglect an important part of your financial education.

The settlement options in many insurance contracts today make them almost as flexible in the distribution of your estate as your own will. If such flexibility is missing in policies you took out many years ago, it may often be added through the willingness of the insurance company to add riders or additional clauses to the contract.

℞ FOR THE EYES

OPHTHALMIC SOL. No. 2 ℥ss (DeLeeton)
Sol. Oxycyanide of Hg. c Zinc

1. As an antiseptic Collyrium.
2. Chronic Catarrh of elderly people with marked reddening of conjunctiva, with or without secretion.
3. Diplo Baccillus Conjunctivitis.
4. Following eye injuries.
5. To relieve irritation caused by wind, dust, and bright lights.

Samples from The DeLeeton Co., Albany, N. Y.

If mothers were never CARELESS

ANY NURSING BOTTLE AND NIPPLE WOULD DO

"Sweet milk mixtures even when boiled in the nursing bottle can be infected by the mother's hands while attaching the nipple. . . ."
WILBURT C. DAVISON
Fifth Annual Meeting of the American Academy of Pediatrics

THE PATENTED TAB on all Hygeia Nipples makes it unnecessary for mothers to touch the inside surface of either the nipple or the bottle. Also because of the size of these nipples it is unnecessary to touch any of the *outside* surface that enters the baby's mouth.

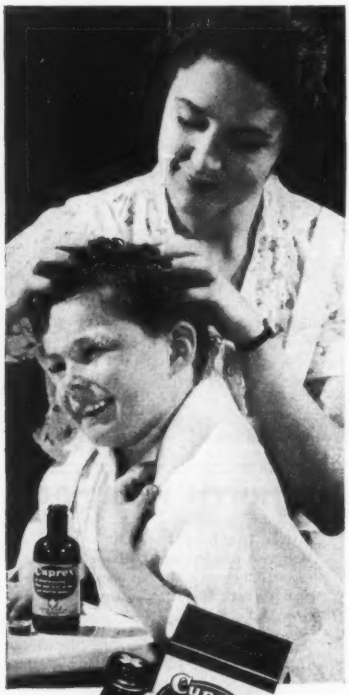
Another advantage of their size is that they can be easily inverted for cleaning—a further safeguard against carelessness.

"If the baby swallows air while nursing and vomits, a different nipple should be tried."
MORSE, WYMAN AND HILL
The Infant and Young Child, Philadelphia, Saunders, 1929.

Hygeia Nipples are available in the three shapes shown here.

HYGEIA
THE SAFE NURSING BOTTLE AND NIPPLE

Destroys the NITS as well as the LICE



One thorough application of Cuprex is usually sufficient to clear up even a stubborn case of Pediculosis. In two to four hours, Cuprex destroys both the lice and the *nits*.

Cuprex eliminates the uncertainty of the usual "week's treatment". Almost odorless, light in color, and easy to use, it relieves the patient from embarrassment and annoyance. School physicians and nurses have found Cuprex practical for the control of head lice among pupils. Its effectiveness in a single application makes Cuprex more economical than cheaper substitutes that require repeated applications.

A regular trade size bottle of Cuprex, sufficient for one complete treatment, will be sent to physicians upon request. The coupon is for your convenience.

CUPREX

for Pediculosis Capitis, Corporis, Pubis

Merck & Co. Inc. (ME 5-36)
Rahway, New Jersey

I am attaching my professional card (or letterhead). Please send office sample of Cuprex and literature.

Name ..... M.D.
Street .....
City ..... State .....
Specializing in .....

By HARRY J. ANSLINGER
U. S. Commissioner of
Narcotics (see photo)

Acme

Narcotics--
The Doctor and the Law

THE duties of physicians under the Harrison Narcotics Act and the regulations of the Bureau of Narcotics are relatively simple. Physicians need have no difficulty in conforming to the act and regulations if they will take a little time to study their provisions and realize that restrictions are necessary to the successful combating of the narcotics evil.

The bureau has put into pamphlet form the essentials of the regulations governing the treatment of narcotic addiction and the manner of dispensing under the law—probably the most often misunderstood provisions. Copies of this pamphlet, known as N-No. 56, may be obtained either from the bureau direct or from local narcotics agents.

Physicians who dispense narcotics must register on or before July 1 each year with the collector of internal revenue of their own district. A fee of $1 is charged for this registration, and the physician is given a stamp evidencing this payment, which must be posted in a conspicuous place in his office. Whenever a physician moves his office he must notify the collector of internal revenue and file with him a notice of removal on a form which the collector will supply.

Upon receipt of his tax stamp the practitioner is entitled to obtain from the collector of internal revenue a supply of order forms to be used in ordering narcotics from wholesalers or manufacturers. These forms come in books of ten which sell for ten cents a book. When the physician first apolies he is assigned a number, which appears on all his order forms. This number he retains as long as he continues to dispense narcotics; it must be shown on all prescriptions for narcotics which he writes.

Practitioners may not order narcotics for general office use from retailers. There is but one exception: in cases where the or-

STORM

Worn, the world over, for every condition requiring Abdominal Support.
Every belt is made to order.
Ask for literature
Katherine L. Storm, M.D.
1701 Diamond St., Philadelphia

FULFILLS the FUNCTIONS OF A STOMACHIC

DR. SIEGERT'S

ANGOSTURA

(*Eliz. Aug. Amari Sgt.*)

Angostura Bitters stimulates the flow of the digestive fluids secreted by the stomach, small intestines, liver and pancreas. It promotes peristaltic activity, thus counteracting belching and flatulence. Where these effects are indicated, the appetite and the assimilation of food can be greatly increased. Send for free booklet, "The Secret of our Digestive Glands."

THE ANGOSTURA-WUPPERMANN CORP.
Norwalk, Conn.

der calls for one ounce or less of an aqueous or oleaginous narcotic solution.

Use of order forms is not required by physicians for purchases of so-called exempt preparations, described in the regulations as:

> Preparations and remedies which contain not more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin, or more than one grain of codeine, or any salt or derivative of any of them in one fluid or avoirdupois ounce; liniments, ointments, or other preparations for external use only, except liniments, ointments and other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute for them.

This exemption, however, is dependent upon the keeping of a record by the physician if he dispenses the exempt preparations directly to the patient. This record must show the name, address, and registry number of the physician; the name and quantity of the preparation or remedy; and the date of delivery to the purchaser. It is not necessary to keep records of prescriptions written for exempt preparations.

All records must be kept on hand for two years and be available to agents of the Bureau of Narcotics at any time. Physicians must keep one copy of all orders for narcotics, the order forms being furnished in duplicate for this purpose.

Doctors must also keep a *daily* record showing the kind and quantity of narcotic drugs or preparations dispensed or administered, the name and address of each person to whom dispensed, the name and address of the person upon whose authority the preparation is dispensed, and the purpose for which it is dispensed. Physicians are not required to keep a record of drugs dispensed to persons upon whom they are in personal attendance in the course of their professional practice. However, many physicians here adopted the practice of recording drugs dispensed in this manner to avoid any possible complications.

No special record form is fur-

EST. SKF 1841

IN ARTHRITIS

86% Improvement

No Undue Lowering of White Blood Count

No Damage to Liver or Kidneys

In a controlled series of 282 cases of typical arthritis Wheeldon (Ann. Int. Med., June, 1934) gave four tablets (2 grams) daily of Oxo-ate "B" —in some instances for a period of 18 months.

Not only did he report 86% improvement, but in no case was there an undue lowering of the white blood count or damage to liver or kidneys. His work confirms earlier findings as to the effectiveness and safety of Oxo-ate "B".

OXO-ATE "B"

(CALCIUM ORTHO-IODOXYBENZOATE)

● **IN SECONDARY ANEMIAS** Feosol Tablets give maximum hemoglobin response with minimum dosage and at minimum cost.

Feosol Tablets

● **IN CONVALESCENCE** Eskay's Neuro Phosphates is an ideal tonic and reconstructive. Its pleasant taste ensures the patient's co-operation.

Eskay's Neuro Phosphates

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

XUM

nished for use by physicians in recording the information required in dispensing narcotics.

Doctors who administer in their own offices minute quantities of narcotics (such as sprays and swabs) should keep a record of the date when such a solution is made and the date it becomes exhausted, but it is not necessary to record the names and addresses of patients on whom the solution is used.

An inventory of the quantity of drugs on hand must be filed with the collector of internal revenue each year when application is made for renewal of the registry stamp. The collector will furnish a form for this inventory. In addition, the collector may call upon the practitioner at any time for a statement of drugs on hand.

This brings us to the important question of dispensing by physicians and the treatment of narcotic addicts. The regulations are based wholly on this one criterion: *Is it in accord with good professional practice?*

What constitutes good professional practice is not hard to determine. The physician who follows the tenets of good practice will never find himself in conflict with this bureau.

Prescriptions for narcotic drugs must be issued only for legitimate medical purposes. An order issued to an addict, not in the course of professional treatment, but for the purpose of providing the user with narcotics to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act.

There are just two so-called exceptions to this rule which, strictly speaking, are not exceptions but specification of special cases within the rule: (1) in the treatment of incurable disease, such as cancer, advanced tuberculosis, etc., and (2) when, for an aged and infirm addict whose collapse would result from withdrawal of the

UVURSIN
***for* DIABETES**

We will be glad to have you, as a physician, demonstrate to your own satisfaction and in an actual case of Diabetes, the efficacy of this oral treatment.

The coupon below brings you a FREE 27-day trial package as illustrated. Mail it today and judge UVURSIN on its clinical results.

• Prepared for prescription purposes only.

ORAL • INNOCUOUS • EFFICACIOUS

JOHN J. FULTON COMPANY
88 First Street, San Francisco, Calif.

Please send me 27-day trial package of UVURSIN without obligation.

Dr. _____

Street _____

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LIKE THE SOOTHING COVERING OF NIGHT

Peacock's Bromides

invites sleep with its mild soporific effect. When repose is prevented by worry, anxiety, neurasthenia or pain, the danger of further mental strain becomes imminent.

Peacock's Bromides produces a calm state of mind and complete relaxation.

Introduced to the Profession in 1885. Fifty years of clinical experience.

Samples to Physicians only
(please mention this journal)

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Pharmaceutical Chemists
4500 Parkview St. Louis, Mo.

Makers of SANMETTO • PEACOCK'S BROMIDES • CACTINA PILLETS • CHIONIA • PRUNOIDS • SENG

drug, a physician prescribes a minimum amount sufficient to sustain life.

In the case of the first exception the physician must endorse upon the prescription that the drug is dispensed in the treatment of an incurable disease; or, if he prefers, *Exception* (1), *article* 85. He must endorse upon prescriptions issued under the second exception that the patient is aged and infirm, or *Exception* (2), *article 85*.

It must be borne in mind that it is impossible for the bureau to state an inflexible rule to cover all cases. The bureau is not charged with the duty of laying down any fixed rule as to the furnishing of drugs or the frequency of prescriptions in any particular case. This responsibility rests upon the physician, under the law.

Prescriptions for drugs must be dated and signed on the day when issued. They must bear the name and address of the patient and the name, address, and registry number of the physician. It is necessary also that they be written with ink or indelible pencil or on a typewriter, and be signed by the practitioner in ink or indelible pencil.

Refilling of narcotic prescriptions is prohibited and as a general rule the partial filling of prescriptions is unlawful. An exception exists in the latter case, however, where an emergency exists and where the pharmacist is unable to supply the full quantity called for. In such a case the pharmacist may supply a portion of the

A

NaturalProcess
ANTITOXIC
Bowel Regimen

. Based on the convincing work of Torrey, Cannon, Rettger, Kendall — Lacto-Dextrin — presenting the two carbohydrates, lactose and dextrine — stands out as a most effective food for encouraging the growth of the normal protective germs in the colon, and so successfully combating putrefaction and its sequalae.

Three Steps for Treatment

(1) Dietary regulation — exclude all putrescible foods.

(2) Correction of existing constipation, preferably by the use of a selective diet plus laxative foods.

(3) Lacto-Dextrin taken in such liberal doses as to insure a sufficient amount reaching the colon to serve as a culture medium for the protective bacteria.

Best times for taking Lacto-Dextrin —three hours after breakfast and lunch, and at bedtime.

MAIL COUPON FOR TEST SAMPLE

The Battle Creek Food Co.
Dept. ME-5-36
Battle Creek, Mich.

Send me, without obligation, literature and trial tin of Battle Creek Lacto-Dextrin.

Name _____

Address _____

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OLIODIN
(Iodinized Oil Compound)
For the NOSE and THROAT

Gives: Prompt relief in head colds, thus preventing complications.

℞ OLIODIN $\frac{3}{11}$

For Rhinitis, acute or chronic Ozena or Atrophic Rhinitis.
Free trial package on request.

THE DELEOTON COMPANY
Capitol Station, Albany, N. Y.

TAXOL

SUGGESTION No. 4

Dear Doctor:

How often do you run across cases of structural constipation due to cancer of the rectum or other mechanical or pathological factors? Probably no more stubborn or patience testing conditions confront the physician as these types of constipation.

Usually the physician runs the gamut of cathartics, laxatives, enemas, etc. with little or no satisfactory relief, in his efforts to bring about a palliative result in these distressing and oftimes painful conditions.

May we suggest that in this type of constipation you try TAXOL, feeling sure the excellent results that you obtain with it will justify its recommendation by us. X-Ray studies alone are convincing proof of its effectiveness.

Dosage plays an important part in obtaining the best results. It should be gradually increased until the desired results are obtained, and thereafter decreased to the minimum amount required to produce satisfactory results.

Many physicians who try TAXOL with a certain amount of skepticism, write us enthusiastically of the effective results they obtain. These physicians are prescribing TAXOL as the corrective of choice in all stubborn and difficult cases.

Very truly yours,

LOBICA LABORATORIES

1841 BROADWAY

NEW YORK

LOBICA LABORATORIES, 1841 Broadway, N. Y. C.
I would like a supply of TAXOL, also literature.

M. D.

M.E. 5.36.

drugs and endorse upon the prescription the quantity furnished and the reason for the shortage. He must advise the physician and may not furnish any more drugs on that prescription, even when his stock is replenished.

•

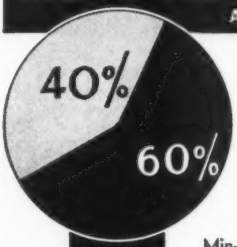
Telephone orders are permitted only in emergencies when a druggist may deliver narcotics to a patient upon telephonic request of the physician. The latter must write a prescription and leave it with the patient. Before delivering the drugs the druggist or his agent must receive the prescription. No special prescription forms are required for physicians in any case.

The regulations require that narcotic drugs and preparations be securely kept and properly safeguarded at all times. The bureau urges doctors to take every possible precaution not only to protect their supply of drugs, but also their supply of order forms and prescription blanks. Stealing of order forms and prescription blanks by addicts is a growing evil and one which the cooperation of physicians will stop.

The resourcefulness of addicts in fabricating stories is little short of uncanny. Instance after instance could be cited of almost unbelievable tricks resorted to by addicts to hoodwink reputable physicians. If a physician suspects a patient of being an addict, he should advise the nearest agent of the Bureau of Narcotics. We assure him that his confidence will be respected by our agents, who are interested only in breaking up the narcotic traffic.

Doctors also can help in those states which have not yet enacted the uniform narcotics law by supporting such legislation. The law has been enacted in 29 states to date.

MORE THAN 60% OF VITAMINS
ARE LOST FROM THE AVERAGE DIET



Present-day methods of refinement and preparation of foods tend to reduce them to a dead fuel mass.

•

The prescription of an adequate vitamin supplement is indicated in cases of malnutrition, undernourishment and in convalescence.

Min-amin, a combination of foods and food concentrates rich in natural vitamins, prescribed as a dietary supplement, provides an optimal intake of vitamins from food sources normal to the average diet.

•

Min-amin

Clinical packages of Min-amin are available to the profession on request. Have you read "Vitamin-Therapy—Its Clinical Application"? Complimentary copy will be mailed on request.

NATIONAL INSTITUTE OF NUTRITION
6777-C HOLLYWOOD BLVD. • LOS ANGELES, CALIFORNIA

a Blended Saline

that RESTORES while it ELIMINATES—

Sal Hepatica

SAL HEPATICA acts to restore and maintain the alkaline level of tissue fluids and to prevent the absorption of waste substances. It does this by osmosis and increased peristalsis. Also, it gives rapid and lasting relief and protection in conditions due to lowered resistance.

SAL HEPATICA is scientifically prepared to achieve the same safe synergistic action characteristic of many famous medicinal spring waters. Effervescence makes it a palatable laxative.

A clinical supply of this aperient of two-fold action promptly sent upon receipt of coupon.

SAL HEPATICA CLEANS THE INTESTINAL TRACT AND COMBATS ACIDITY

BRISTOL-MYERS COMPANY
19-II West 50th Street
New York, N. Y.
Please send free clinical supply of Sal Hepatica.

.....M.D.
(Please enclose card)
St. & No.....
City.....State.....

Unguentine

not only for

BURNS

An Analgesic, Antiphlogistic

*ANTISEPTIC

Surgical Dressing

THE antiseptic and soothing properties of Unguentine are not limited to the treatment of burns. Unguentine is an all-purpose surgical dressing . . . powerfully antiseptic, germicidal, analgesic, antiphlogistic.

Parahydrecin (*anhydro-para-hydroxy-mercuri-meta-cresol*), the active antiseptic ingredient in Unguentine, is non-toxic, non-irritating, and effective in the presence of serum and other organic matter.

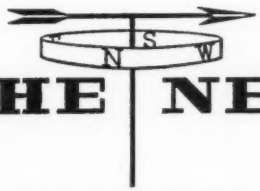
Unguentine remains in prolonged contact with the wound, sustaining its antiseptic action, safeguarding against reinfection, promoting healing—usually without scar.

Sample free to physicians on request.

THE NORWICH PHARMACAL CO.
BOX M.E. 25, NORWICH, NEW YORK

Norwich

*Contains **PARAHYDRECIN**



THE NEWSVANE

★ *Appointment By Petition*

Disgusted with the politics that were dictating the appointment of important city health officers, the Philadelphia County Medical Society recently set out to do a little petitioning as a means of initiating a favorable change. During the city's mayoralty election, the society drew up a document on which it named, as preferred office holders, medical men, who, free from politics, would serve the best interests of the profession.

The petition was circulated for signatures at local medical meetings, while short stump speeches appealed for co-operation. Additional signatures were secured by mail.

With its request, in effect, that the county society be the body of recommendation for health-officer appointments, the document was then handed to the mayor. It had several thousand names on it.

The county society feels that its action has convinced city politicians that it is a force to be reckoned with and that they will do well to tread carefully in matters affecting the profession.

★ *Debate Results*

Seventy platforms in the state of Maine recently supported highschool students arguing their share of a nationwide debate. Down-East physicians were as chagrined as the losers when judges decided that proponents of state medicine had won 37 of the debates. Negatives won 32; there was one tie. That the result did not indicate an appetite for state medicine in audiences and judges was made clear by an explanation that winners took their laurels on the strength of *how*, not *what*, they argued.

The tables were turned in Ohio lately. There the negative teams were found to have a slight margin. This is credited to two things. Ohio M.D.'s are gratified over one, and chuckling over the other. First: The state society, previous to debate dates, took pains to see that "negatives" were well armed with forensic bombs for blasting state medicine. It mailed thousands of pieces of literature, containing vital notes, to debate teams all over the state. Second: Many affirmative teams couldn't begin to find a logical answer to certain arguments advanced from the other side of the platform. According to one newspaper: "The affirmative team was unable to establish the contention that the system would be free from certain evils; viz., political entanglements and psychological weaknesses. The question of cost gave the negative team an early lead."

★ *New Surgeon General*

Governor Lehman of New York last month said a regretful goodbye to his state health commissioner, and President Roosevelt welcomed to Washington a new surgeon general of the United States Public Health Service, Dr. Thomas Parran, Jr., appointed to fill the job vacated by the retirement of Dr. Hugh S. Cumming, 66.

Born at St. Leonard, Maryland, in 1892, in a house built by one of his ancestors in 1655, Dr. Parran graduated from

XUM

Georgetown University Medical School in 1915 and went into public health work almost immediately.

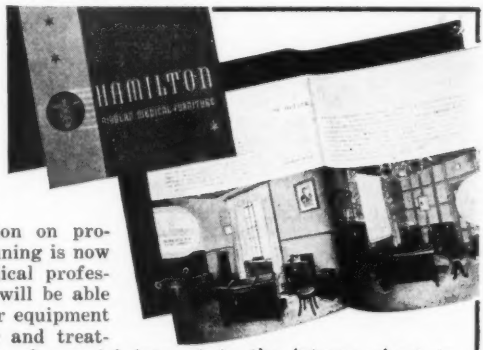
Some of his jobs have been: chief medical officer of the Veterans' Bureau, chief medical officer at the Muscle Shoals Dam project, head of the Missouri State Board of Health, and director of county health work in Illinois. Appointed to the U.S.P.H.S. in 1917 as an assistant surgeon, he climbed steadily until he was made assistant surgeon general in 1926. He held that job until 1930 when the President, then the Governor of New York, picked him as the best man for the head of the state health department and persuaded Washington to lend him to the Empire State.

That his new post was not all beer and skittles, is evidenced by the problems tackled by the department under his tutelage, among them: a campaign against pneumonia; measures for the improvement of public health nursing, for the discovery, rehabilitation, and care of crippled children, and for developing high standards for public health personnel. His regime is credited with doing much to correct polluted public waters, to curb tuberculosis, and to put New York on record as the first state to recognize medical care as a necessity of life for the needy unemployed.

Dr. Parran has led the fight to bring social disease into the open. This brought him rebuff from the Columbia Broadcasting Company two years ago when it refused to let him say "syphilis" on the air. Vindication came recently when he used the word in a talk sponsored by the National Broadcasting Company.

[*Turn the page*]

WRITE TODAY



This new catalog, profusely illustrated, containing many pages of valuable information on professional office planning is now offered to the medical profession. From it you will be able to select the proper equipment for the examining and treatment rooms. It is of especial interest to the interne about to start a new practice. Paste the coupon below on a post card.

HAMILTON MFG. CO.
TWO RIVERS, WIS.

HAMILTON
Modern Medical Furniture

HAMILTON MFG. CO., ME 5-36
Two Rivers, Wis.
Please send me your new catalog.
Dr. .....
Address .....
City ..... State .....

Wanted: A Few Good Sports!

For several months now, I've been telling you this simple story of the growth of this business.

I've told you how I began in a small way more than thirty years ago; how the Alkalol business has grown to international proportions without high-pressure sales organizations and with advertising only to the Professions.

I've told you that there's no secret to it—no million dollar formula—that to my way of thinking the only possible reason Alkalol is a success today lies in one word: MERIT.

"Of course", you parry, "but that's *his* story. What is Alkalol and what will it do for me?"

Where ALKALOL is different

Alkalol differs radically in its action from most solutions. Many so-called germ-killing antiseptics often irritate, excite and cause depletion of the cells. Alkalol, owing to its physiological balance, feeds and stimulates the cells through absorption, thereby building resistance to infection. It leaves delicate membrane cleansed, s o o t h e d, and strengthened. For these reasons, Alkalol is the ideal pus and mucus solvent for it builds as it cleans. *It never irritates.*

Physicians tell me that patients like Alkalol, too. Its pleasant, clean aroma, its soothing qualities and the sense of comfort it creates are so pronounced as to actually encourage use.

Let me tell you what thousands of Physicians have written about Alkalol in *unsolicited* testimonials—"Relief noticed after third application in chronic catarrh of the nose. Very soothing" . . . "Consider it first in its field" . . . "It soothes without the annoying reaction most nasal remedies give" . . . "One of the most cleansing, soothing treatments used today for eyes, ears, nose and throat. Never irritates" . . . "Excellent for irritations" . . . "Very efficacious in treatments of eye and nasal conditions" . . . "Healing and non-irritating" . . .

Simple test tells volumes

Now I don't expect everybody who reads this Alkalol publicity to respond, but I do hope that a few of you will take me up on this sporting proposition:

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye, that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc? *Send your card today.*

* * *

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

Send your card for
FREE SAMPLE
today

J. P. WHITTERS

The ALKALOL Company
Dept. M536
Taunton, Mass.

XUM

Recommended FOR Treatment of

IMPOTENCE, INFANTILISM

Relieves nervous and psychical disorders arising from sexual disturbances and acts as a stimulant in basal metabolism.

Endo VIROSTERONE

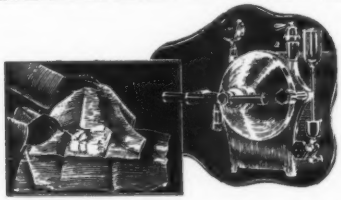
[*Standardized Male Sex Hormone Natural*]

VIROSTERONE represents the active male hormone standardized in terms of capon units in accordance with the method of Gallagher and Koch.

Each capon unit represents the equivalent activity of approx. 60 Gms. or 930 grs. of fresh testicular substance.

VIROSTERONE is supplied in 1 cc Ampoules, each cc representing 1 CAPON UNIT. Available in packages of 6, 12, 25 ampoules for intragluteal injection.

ENDO PRODUCTS, Inc.
395 FOURTH AVENUE NEW YORK



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3 OPERATING LIGHTS
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6 BACTERIOLOGICAL INCUBATORS

50 YEARS OF QUALITY LEADERSHIP

ASK FOR CATALOG BY NUMBER
1143 UNIVERSITY AVE., ROCHESTER, N. Y.

CASTLE

The fourth person from the Empire state to be called by President Roosevelt to high public office in the national government, Dr. Parran will earn $9,800 a year (Albany paid him $12,000). Responsible for the $10,000,000 spent annually by the U.S.P.H.S., he will have an additional $10,000,000 to care for due to the Social Security Act.

His first big test as surgeon general came as he took the title: Hurricaned and flood-spoiled regions required immediate and efficient attention.

★ *Through the Looking Glass*

Faith in the average human's vanity is evidenced by dentistry's latest scheme to capture recalcitrant patients. Laymen are being given a silver-dollar-sized pocket mirror, designed to turn their minds dentistward. On the back are printed the words, "People look at your teeth, do you?" Lobbies, elevators, and hallways in dental buildings have been spotted with placards asking the same question.

★ *Bumper Crop of Cultists*

California, concentration point for would-be Dietrichs, Barrymores, and Rin-Tin-Tins; and haven for the tired and retired, looks like a bonanza to chiropractors, judging from a report by C. O. Hunt, executive secretary of the California State Board of Chiropractors. He declared recently that there are 1,685 of his ilk practicing in Los Angeles County alone; that the licensing lately of 52 more in Sacramento has raised the herd in the state to 3,352—more than one quarter of all the licensed spine-manipulators in the world.

★ *Blue Danube*

In contrast to Vienna's reputation for gayety are the gloomy reports continually to be heard about the lot of the M.D. who practices there under compulsory health insurance. The hurdles in

Your Patient Will Appreciate the ECONOMY *of* AMINOPHYLLIN-PHENOBARBITAL (BATTLE)

in

HYPERTENSIVE STATES

essential or otherwise, as well as

IN CORONARY AFFLICTION

AMINOPHYLLIN-PHENOBARBITAL

(Battle) is particularly useful in hypertension, angina pectoris, coronary thrombosis, and hypertensive heart disease. It promotes dilatation of the coronaries and effectively lowers elevated blood pressure.

AMINOPHYLLIN

(Battle) is indicated in coronary sclerosis and angina pectoris. It is also a valuable adjuvant to digitalis, markedly enhancing its influence upon the failing myocardium.

AMINOPHYLLIN-POTASSIUM IODIDE

(Battle) . . . Indicated in coronary sclerosis and angina pectoris, especially when associated with generalized arteriosclerosis. The failing myocardium of luetic aortitis responds favorably to Aminophyllin-Potassium Iodide (Battle), as does the troublesome substernal pain of this condition.

Before the advent of Aminophyllin-Phenobarbital (Battle), the administration of this desirable combination of drugs imposed a definite financial burden upon your patient. Since it was not available in a prepared tablet, its compounding by a pharmacist necessarily made its cost high * * * Tablets containing aminophyllin 1.5 gr. with either 0.25 or 0.5 gr. of phenobarbital may now be obtained by your patient at practically no higher cost than aminophyllin itself. Repeated laboratory investigation has proved the superiority of aminophyllin over other methyl-xanthine derivatives; in conjunction with phenobarbital, the drug is particularly effective in hypertensive states and coronary artery affections. * * * A copy of the brochure "Circulatory Disturbances of the Heart and Kidney," and samples for clinical trial, will be sent promptly upon request. Use the coupon.

BATTLE & CO., ST. LOUIS, MO.

BATTLE & COMPANY, 4026 Olive Street, St. Louis, Mo. ME 5-36

Send me your brochure "Circulatory Disturbances of the Heart and Kidney," and samples of Aminophyllin-Phenobarbital (Battle).

Doctor_____

Name and Address_____

City and State_____

front of an Austrian medical degree are difficult and expensive to negotiate. Once over them, the young physician may enter private practice or look for a job in a clinic. In either case, his economic future is anemic.

If he can afford to buy a practice or can somehow acquire patients, he stands a chance, after a while, of grossing as much as $15 a week. This puts him in the same income bracket with Austria's train conductors and brakemen. He won't starve, but he won't make his calls in an automobile. If he decides to play safe by entering a clinic, he may find his enthusiasm cooled before he finds an opening.

Once located, he will be rewarded with long hours and $60 a month. Patience and hard work may be recognized years later. He may become an assistant; then, possibly, a professor. This will bring him the munificent sum of $200 to $250 a month.

A third possibility is that he will soon join the growing army of pauperized physicians which already has recruited 10% of Austria's profession (January MEDICAL ECONOMICS, page 124).

★ *$10-a-Month Assistant*

To Detroit M.D.'s looking for relief from the high cost of clerical work, the Doctors' and Dentists' Service Bureau claims to be the answer. It was conceived and set in operation recently by Harry Hartman, lawyer.

For a flat rate of $10 a month, a subscribing physician may turn over to the bureau all his active accounts, regardless of how many he has. The bureau promises to keep his books; spare him the trouble of billing; pay for statements, stationery, postage, and stenographic hire.

Bills go out on bureau letterheads which bear the physician's name. They carry the usual "For professional services rendered."

[*Turn the page*]

For *effective* Iodine therapy *specify*

. . . Since 1878 **GARDNER'S** Syrupus Acidi Hydriodici has been the accepted therapeutic agent for those conditions in which Iodine is known to be of value.

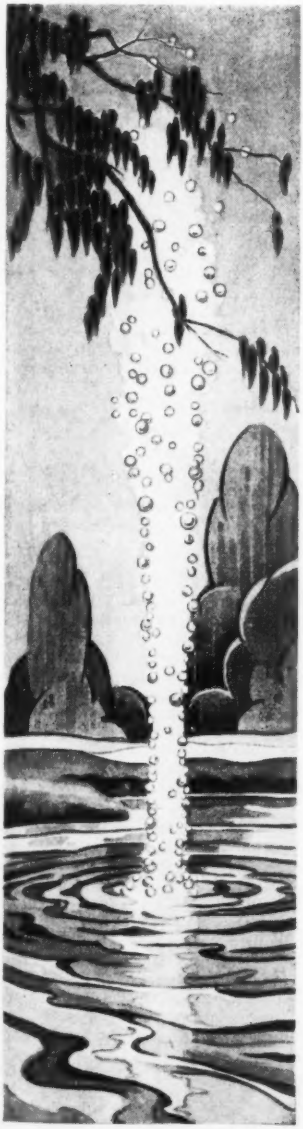
. . . Each fluid ounce contains 6.66 grains of pure, resublimed iodine. . .It is acid in reaction, producing the constitutional effect of iodine, without gastric irritation usual with alkaline iodides.

. . . Indications include: influenza, pneumonia, and other pulmonary affections, laryngitis, pharyngitis, rheumatism, bronchitis. . . . . .To PREVENT SUBSTITUTION AND INSURE DISPENSING OF THE GENUINE PRODUCT—SPECIFY GARDNER'S SYRUPUS ACIDI HYDRIODICI—in original 4 and 8 ounce bottles.

Advertised only to the profession.
Samples and clinical data sent on request.

Firm of R. W. GARDNER

ORANGE, *Established 1878* NEW JERSEY



DISGUISING THE BROMIDES

Bromo-Vess

combines the bromides of potassium 7½ gr., sodium 7½ gr., and ammonium 1 gr. in a refreshing, effervescent drink without the usual salty taste.

Accuracy: Tablet form assures prescribed dosage.

Convenience: Readily portable; needs only water.

Tolerance: Fowler's solution added to decrease possibility of bromide rash. Contains three bromide salts and an alkali.

Effectiveness: Dissolves completely for quick action.

Cinsa-Vess

A combination of cinchophen 5 gr., sodium salicylate 8 gr., colchicine 1/200 gr., sodium bicarbonate 33 gr., citric acid 21 gr. Pleasant, effervescent, alkaline.

Aspir-Vess

Aspirin 5 gr. and an alkali in a tasty, effervescent drink.

EFFERVESCENT PRODUCTS
Incorporated
Elkhart, Indiana

XUM

In Pediculosis Pubis

CAMPHO-PHENIQUE

PARASITICIDE—ANTIPRURITIC

Campho-Phenique is a clean, convenient agent for clearing up pediculosis pubis. The camphor and phenol in specially processed combination act at once to kill the "crabs" and to ease distress of itching. There is no irritation; no mess as with blue ointment; no staining of clothing.

Prove how effective the antiseptic, analgesic, healing action of Campho-Phenique is in the treatment of burns and scalds, in minor wounds, cuts and abrasions, as a post-operative dressing, in ivy poisoning, etc.

The non-toxic properties of Campho-Phenique make it perfectly safe for home use by your patients.

LIQUID—OINTMENT—POWDER

Try Campho-Phenique clinically at our expense. Send coupon for samples.

CAMPHO-PHENIQUE COMPANY ME-5
500-502 North Second Street
St. Louis, Mo.

Send me samples of Campho-Phenique with literature.

.....M.D.

Address.....

City.....State.....

If there is no response within 60 days, the next bill carries a polite suggestion that payment be made to maintain credit.

Delinquent accounts may be given to the bureau for collection. The regular monthly fee covers those up to 120 days old. Then the charges are 15% on those up to six months old, 25% on those up to a year old, and 33 1/3% on all others, no matter how ancient.

The bureau is compiling a roster of those who do and those who do not pay their doctors. If all goes well, comprehensive credit information is soon to be available to all subscribing physicians without additional charge.

★ *Splints on Wheels*

Experience has proved that an emergency patient's chance of recovery, degree of suffering, length of convalescence, and risk of permanent debility are vitally affected by the treatment given before reaching a physician or hospital. The City Council of Chicago, reacting to this lesson, passed a law recently which requires every ambulance in the city to carry simple first-aid and splint appliances, together with an attendant skilled in their use.

Non-M.D. ambulance men in the Windy City are now obliged to learn first aid, including the application of splints. Their premedical ability must be certified by the municipal board of health.

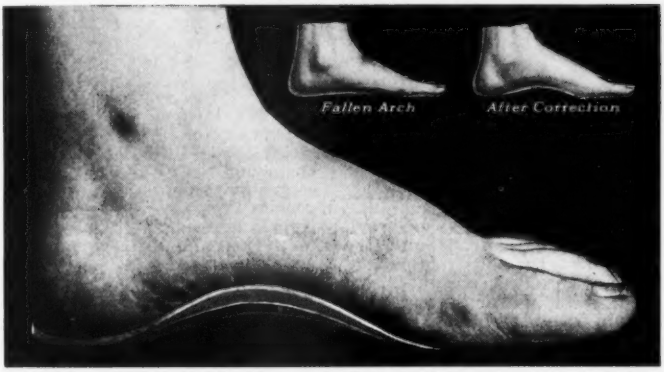
★ *Uncontrolled Birth Control*

Iceland, with legislation as dramatic as the midnight sun, has settled its birth-control problem. While the profession here approaches the subject with traditional conservatism, physicians in Iceland find themselves forced by a recently passed federal law to give birth-control information to any woman who seeks it, regardless of her marital or health status.

The law doesn't stop there. It contains provisions that remove all obstacles to public advertising

WEAK ARCHES

There is no substitute for Scientific Individual Mechanical Correction



Physicians in general have among their patients persons who suffer from weak or fallen arch, weak metatarsal arch, general fatigue from standing or walking, or rheumatoid foot and leg pains due to weak arch or foot strain.

Tired, aching feet, rheumatoid pains in the feet and legs and metatarsalgia are usually the most common of these complaints.

For relief and permanently beneficial results, mechanical correction by means of scientifically designed, individually fitted and adjustable Arch Supports, are necessary.

For over 30 years Wm. M. Scholl, M. D., Chicago, has concentrated his time, thought and effort on the foot and its abnormalities. He originated, developed and perfected Corrective Foot Appliances and Arch Supports of a wide range adapted to the many types of feet and their individual requirements.

Dr. Scholl's Arch Supports firmly support the weight bearing points; distribute the body's weight and remove muscular and ligamentous strain. Worn in any properly fitted shoe. Carefully fitted to the individual need and progressively raised as the condition of the foot improves. No other method does this.

Dr. Scholl's Arch Supports are sold by Shoe and Department stores and the exclusive Dr. Scholl Foot Comfort Shops in principal cities. $1 to $10 pr.

Mail coupon for interesting professional literature on this subject.

Dr Scholl's *Foot Comfort* **ARCH SUPPORTS**

THE SCHOLL MFG. CO., Inc., 213 West Schiller Street, Chicago, Ill.

Gentlemen: Please send me your literature especially written for the physician. (4)

Name ..... *M.D. Address* .....

of contraceptives. It is reported that government health authorities contemplate setting up slot machines on main streets and in larger village squares so that devices may be available to anyone, anywhere, at any time.

A law-abiding M.D. in Iceland will henceforth be *obliged* to perform an abortion (if the patient is willing) when an examination reveals that birth would seriously damage the mental or corporal wellbeing of a pregnant patient. The government has specified hospitals for these operations.

Icelandic authorities admit the possibility that such legislation will encourage loose sexual life. But they declare that this evil will be more than offset by the good that will result from putting an end to secret, unskilled, and often fatal abortions, and from curbing venereal disease.

★ *Serum, P.D.Q.*

No need now in Michigan for a lack of anti-tetanus serum to add to the horrors of a traffic crash or hunting accident. A plan of cooperation between the state's physicians, police, and health department has made it possible for M.D.'s in isolated spots to be apprised of serum sources at a moment's notice.

All state police post commanders have been furnished with a list of serum supply stations by the headquarters detachment at East Lansing. This was done through the State Health Department.

Heretofore there has been no point of contact for finding out where state-prepared serums could be obtained. Sometimes the delay that resulted meant death to a torn or burned patient.

Under the current arrangement, all a physician in a remote community has to do is step to the telephone, call a state police post, and ask for the nearest source of serum supply. In emergencies, troopers, using their right to break speed laws, pick up serum and deliver it to the waiting physician.

★ *Copeland Bill Warms Up*

Passage of the Copeland food and drug bill this session was freely predicted last month as the House sub-committee on the measure settled down to undertake preparation of a report concerning it. Before committee members was a miscellany of amendments representing the ideas of a dozen or more interests that have followed the hectic course of the measure in the three years of its consideration since 1933 when the ill-fated

20,000 Doctors
have bought
COMPREX CAUTERIES

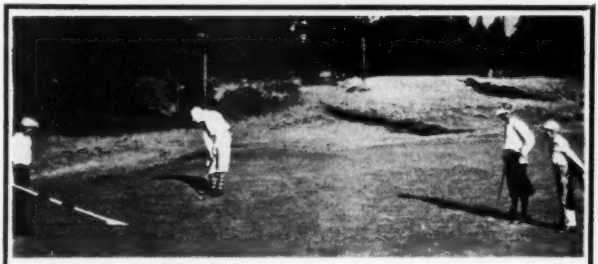
Reason enough why the cautery you buy should be a Comprex—a truly compact, heavy duty instrument of the ultimate simplicity. One control, for example, makes all connections, replacing four separate connections used in lower cost designs. With the 10th Anniversary Comprex, comes the patented Pistol-Grip Handle, cool, comfortable, boilable; holds the electrode in the one correct position—no troublesome swivel. Built-in spotlight projects intense illumination from above, not below, creating a brilliant field without shadows.

Investigate the possibilities the 10th Anniversary Comprex Cautery has in your own practice. And remember, that you may buy a Comprex Cautery with **90 DAY MONEY BACK GUARANTEE** if you are not fully satisfied. See your dealer at once.

$38.50 COMPLETE
with choice of any three standard tips.

COMPREX OSCILLATOR CORPORATION
450 WHITLOCK AVE. NEW YORK ,U.S.A.

NEW! 10th Anniversary Comprex Cautery



F-O-R-E-! Athlete's Foot

The GOLFER patient will welcome

the simplicity of treatment with

3 MAZON

simple instructions to follow . . .
1. Cleanse with Mazon Soap.
2. Rinse thoroughly. Dry.
3. Apply Mazon.**

**A *distinct* departure from other local treatments.

NOT A SMEAR! There is no greasy residue. Mazon is completely and rapidly absorbed.

NO BANDAGES! Permit air to act freely. Allays itching immediately. Will not stain.

ECONOMICAL! Permanency of results establishes Mazon as an effective and economical treatment.

Immediately allays that severe burning, itching torture.

•

Professionally endorsed:

"Mazon seemed to do the trick without the need of unsightly bandaging of my hands and smearing them up with greasy, dirty applications.
Dr. S.—N. Y."

•

"For eight years I have had Ringworm on the feet and legs. Mazon has made a greater impression—in fact it has practically cured—the ringworm and the allergy of the feet and legs.
Dr. M.J.L.—Ind."

Continued applications disintegrate the parasitic areas until complete elimination is effected.

•

On sale at dependable pharmacies in one, two and four ounce sizes.

•

INDICATIONS

ECZEMA
PSORIASIS
ALOPECIA
RING WORM
DANDRUFF
ATHLETE'S FOOT
AND OTHER SKIN DISORDERS

Samples and literature on request.

BELMONT LABORATORIES, Inc.
4430 Chestnut St., Philadelphia, Pa.

Prolonged
IODINE MEDICATION
WITH THE UNDESIRABLE FEATURES MINIMIZED

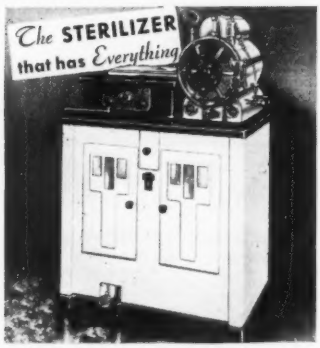
In chronic cases which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

RIODINE
(ASTIER)

With Riodine, an iodine addition product of castor oil having an iodine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

Write for Information and Sample
ME-R

GALLIA LABORATORIES, Inc.
254-256 W. 31st Street New York



Recessed, foot-operated 16" Pelton Instrument Sterilizer; 8" x 16" Pelton Automatic Autoclave; handsome, automatically lighted storage cabinet. Send for complete details.

THE PELTON & CRANE CO., DETROIT, MICH.

THE Pelton TRI-PLEX

Tugwell Bill started the legislative ball rolling.

Major obstacle standing in the way of early adoption was the persistent demand in some quarters that the Federal Trade Commission be given jurisdiction over unfair advertising practices. As the bill passed the Senate a year ago, that power was vested in the Department of Agriculture's Food and Drug Administration. Senator Royal S. Copeland wants that set-up preserved; so does the Department of Agriculture.

The Federal Trade Commission feels otherwise. The commissioners see no objection to dividing the administration of the measure. They prefer to look upon the Food and Drug Administration as a technical, advisory agency rather than an enforcement body.

Walter G. Campbell, chief of the FDA, urges that some bill be passed this session. He visualizes what might happen if there is a recurrence of recent community pastry poisonings. He's afraid that in such an event the weakness of existing statutes might be brought home so forcibly that an ill-considered law might be placed hastily on the books.

★ *Mercury vs. Mars*

Abroad Mars threatens. Here physicians plan peace.

The Los Angeles International Medical Club, headed by Dr. William H. Gilbert, recently held a Japanese night as one of its quarterly international dinners. A similarly titled organization in New York, the International Medical Club of America, is planning a dinner this month to help promote amity among nations.

In 1925, disgusted by the failure of the world to break down the barriers of nationalism, a group of Los Angeles doctors—English, French, Italian, Austrian, Russian, German, Spanish, Japanese, Chinese, and American—banded together to promote a better understanding among their colleagues of all races. Two years

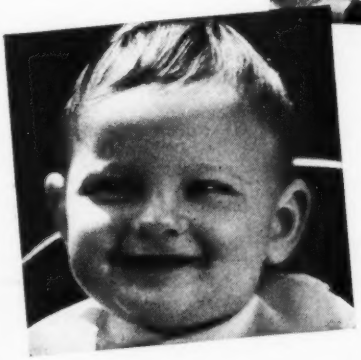
Here's another

CLAPP-FED BABY

RICHARD BURKE
FANWOOD, N. J.

Richard at 4 months—The food program ahead of him calls for Clapp's Wheatheart Cereal at 5 months; Clapp's strained soups—and all Clapp's strained vegetables except beets—at 6 months.

Richard at 7 months—He can sit alone now and has gained and grown consistently in the past 3 months. He took to Clapp's strained foods from the first..



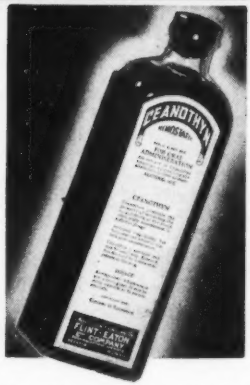
Richard at 11 months—Three months ago he was given free range of the whole list of Clapp's foods. He crept at 8 months and now he can stand alone. He's grown an inch and gained a pound every month.

Dictated by doctors—the texture of Clapp's strained foods for babies. Uniformly smooth, finely strained but not too liquid. 16 varieties offer wide range of choice.

FREE—a comprehensive booklet of recent findings on Infant Feeding. Address Harold H. Clapp, Inc., Dept. 513, 1328 University Ave., Rochester, N. Y.

CLAPP'S ORIGINAL BABY SOUPS AND VEGETABLES

PROFUSE & CONTINUOUS BLEEDING DURING THE MENOPAUSE



Ceanothyn, the non-toxic alkaloidal coagulant, performs a logical function in the treatment of climacteric bleeding. It conserves a much needed blood supply and permits more extended examination. Functional cases may require no other treatment.

Dosage: Up to four fluidrams hourly in acute bleeding.

Ceanothyn may be prescribed as easily and safely as a tonic.

Write for literature and clinical reports. Mail coupon.

FLINT, EATON & CO.
DECATUR : ILLINOIS

Please send new clinical ... on Ceanothyn. M.E. 5
Name ..... M. D.
Address .....
City ..... State .....

later, the International Medical Club of America was formed in Manhattan. Although similar to the Los Angeles organization in purpose and character, it claims no affiliation. Its object is fivefold: to give American physicians social and medical contacts with foreign-language societies in the United States; to cooperate with similar foreign organizations; to arrange inspection trips in clinics and institutions abroad, and to return the courtesy to visiting M.D.'s; to accord a proper reception to prominent medical men (visiting foreigners and returning Americans); and to make New York the country's greatest "medical cosmopolis."

The club roster lists about 125 dues-paying and 235 "corresponding" members, i.e., former members, now abroad, who receive club literature. Any licensed U.S. physician may apply for membership at $10 per year, plus a $10 initiation fee.

★ *Easter Offering*

None of his patients has criticized M. M. Hursh, M.D., for the bit of advertising he indulged in last month. Physician and surgeon for 28 years to the village of Cohasset, Minnesota, he shook his head in concern when he discovered recently that his patients owed him about $70,000. The amounts varied from $3 to $500.

Figuring that the bulk of this debt was worrying patients and helping him not a bit, he inserted the following paid advertisement in a Grand Rapids weekly newspaper last Good Friday: "Happy Easter: As obligations met or canceled mean happiness to the majority of people, I am, at this Easter time, canceling $50,000 worth of accounts. If you wish to know how your account stands, you can call at the office or write a letter."

Commented Dr. Hursh, "I want to give some of these people who have been caught in the depression a break." He added that he "still must work every day."

★ *Loan Groups Lend Aid*

Perturbed by reports that Milwaukee's building and loan associations were refusing to cooperate with patients who applied for loans in order to pay medical bills, Chester M. Echols, M.D., president of the Milwaukee County Medical Society, sent letters of inquiry to 104 such organizations in his area. He asked them to reply to the charges. In short order, more than half the associations assured Dr. Echols that, as far as they knew, no applicant had been refused money because he wanted it for payment of a doctor's bill.

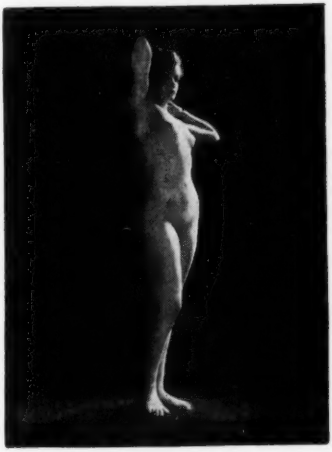
One association explained that the rumor was caused by patients who claimed loan association refusal as an alibi for non-payment. Another suggested a precautionary measure. Let the stockholder submit a request for withdrawal of an amount to cover his hospital and doctor bills. Then the association would agree to pay bills up to that amount when they were presented with the stockholder's endorsement on them. In this way, said the association, the doctor could be sure that he, rather than a radio dealer, for instance, would receive payment out of money borrowed "to meet medical expenses."

★ *Rights on Ergoapiol*

Justice has again felt the effects of its blindfold. Three years ago the Martin H. Smith Company, New York City, received an adverse decision in its suit before the New York Supreme Court to gain exclusive use of "Ergoapiol" and "Ergot-apiol" as names for a pharmaceutical product. Promptly, the plaintiff appealed. Less promptly, but with firmness, the court executed an about-face recently. It decided that the names could be used only by the Smith company, and, in effect, told the American Pharmaceutical Company, Inc. and Philip Kachurin to originate some other title for the prepara-

A Safe Douche Powder

FOR YOUR WOMEN PATIENTS



Over forty years of successful clinical use attest not only the safety, but the efficacy of Tyree's Antiseptic Powder in the treatment of Leucorrhea, Cervicitis, Endometritis, and Vaginitis, and for routine hygienic measures. Tyree's is antiseptic, yet non-irritating to the delicate mucous membranes.

It is actually soothing and healing, effective in removing thick adhesive mucus, and is widely used in routine follow-up after office treatment. May we send you a trial supply, and copies of our booklet, "Personal Matters of Import to Women", which is an ethical treatise on personal hygiene telling your patients what you would have them know, and saving your time. Write for them today.

Dept. M.E. 5

J. S. TYREE, CHEMIST, Inc.

15 and H STS., N. E., WASHINGTON, D. C.

tion they have been calling "Ergoapiol."

★ *New Bone Gadget*

It took eight months' work, but staff members of the New Jersey Orthopedic Hospital have evolved a bone-straightening device simple in structure, effective, and inexpensive.

Two threaded steel bars, each with one nut, are placed parallel against opposite sides of a bent bone. Pins inserted through the top and bottom of the bone are attached to the ends of the bars. The nuts are given a slight turn each day. This, it is claimed, puts pressure on the lower pin, increases the distance between top and bottom pins, and straightens the bone. Materials for the device cost less than $5. A bracemaker built it according to the inventors' specifications.

★ *M.D.'s Smirched*

In addition to death and illness, silica dust causes sharp legal and medical practice, according to John P. Frey, president of the metal trades department of the American Federation of Labor. He made the accusation during his address before Secretary of Labor Perkins, fellow labor leaders, industrialists, and medical specialists, gathered last month in Washington to discuss prevention of silicosis plagues such as the one recently revealed in West Virginia (February MEDICAL ECONOMICS, page 116).

Said Mr. Frey, "A conviction has been created in many workmen's minds that they have been exposed to silica dust and may have a fatal malady. Incompetent physicians have not relieved this belief." As a result, he added, healthy workers are alarmed over an imaginary condition to the profit of unscrupulous lawyers and doctors.

Secretary Perkins indicated how widespread the incidence of silicosis could be by stating that at least a half million workers are exposed to it. She listed laborers in abrasive-powder, soap, and glass factories; mines; tunnels; polishing, pulverizing, and pottery works.

★ *Talk Without Drink*

To the Greeks, "symposium" meant drinking and talking together. By cutting out drink and stepping up talk, the medical symposium was born and began to thrive some time ago. Recently the Philadelphia County Medical Society began to accent the idea. Its meetings were waning; they needed a stimulant.

A symposium was advertised in the society's weekly publication and a lay group was asked to attend it. News of an all-round medical gabfest proved good publicity. A pleased board of directors noted unusual attendance, and put symposiums on the society's regular program. Their popularity continues to grow.

Subjects are chosen that interest other professions besides the medical. Although symposiums are listed as a regular monthly meeting of the society, invitations to them are sent to prominent citizens and to leaders in the various fields to be covered. Also, an advance notice appears in the daily papers.

The society's president opens the meetings, then turns over his gavel to the chairman of the night's program, who introduces

VIBURNO (BEACH)

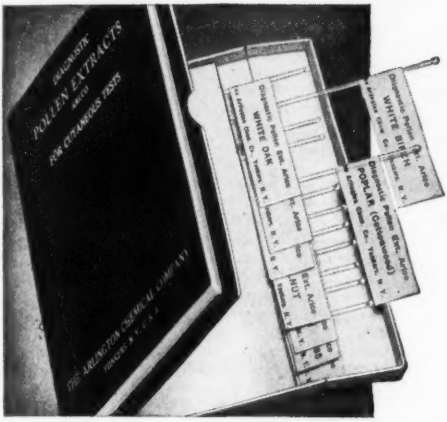
A Palatable, Effective Viburnum Preparation

Literature on request.

For congestive dysmenorrhea, pelvic dysfunctioning without operative symptoms, or as a general or uterine nervine and tonic.

THE VIBURNO COMPANY, INC., 146 FRONT ST., NEW YORK

HAY FEVER



Pollen Diagnostic Outfit

for any locality in North America

$1

This set of pollen diagnostic extracts supplies all the major causative pollen factors in your botanical area, irrespective of the number of extracts required. The pollinating period of the selection corresponds with your patient's duration of attack.

Please be sure to give the dates of onset and termination of patient's attack. This information enables us to make up specific test sets for each individual patient. Fill in the attached coupon and mail to us with $1.00

Suggestions as to treatment

A combination direction circular and simplified chart for recording results of tests is included with each set. If you will send the results of your tests to us, we shall willingly offer our suggestions concerning the management and desensitization of your case. Individual attention given each case. Pollen extracts (Arlco) of weeds, grasses, trees and flowers are now ready for the diagnosis and desensitization of Hay Fever sufferers.

Inquiries are invited relative to our new 80 and 112 diagnostic protein sets. Prices $25.00 and $35.00 respectively. Lists of pollens and proteins *upon request*. A new 30 page monograph, "The Principles Of Allergy," is now ready for distribution to interested physicians. Write for your copy! Correspondence is invited on any allergic problems.

Mail this coupon with $1.00 for pollen diagnostic set!

THE ARLINGTON CHEMICAL CO.
YONKERS, N. Y.

THE ARLINGTON CHEMICAL CO., YONKERS, N. Y., *Biological Dept.*
Enclosed find $1.00 for a complete set of pollen diagnostics for testing Hay Fever case.

*Date of onset of attack is*_____

*Date of termination of attack is*_____

*Signed*_____ M.D.

*Address*_____

*City*_____ *State*_____

XUM

the speakers, solicits opinions from the audience, and directs the general discussion that follows.

Topics are approached from every possible angle—legal, social, economic, and institutional, as well as medical. Bankers, hospital superintendents, lawyers, insurance executives, social workers, and health deputies all have their say. Discussed, for example, are: maternity mortality as viewed by physicians, laymen, and hospitals; medical economics (Philadelphia's mayor contributed his bit); the profession and the socialist trend; medico-legal aspects of crime and its prevention.

★ *The Peacock Murder Case*

Chicago shuddered when four youths, still in their 'teens, confessed recently that they had picked the name of Silber C. Peacock, M.D., famed pediatrician, at random from a telephone book, had lured him from his home on a "sick child" pretext, and then had bludgeoned, shot, and killed him when he resisted robbery (April MEDICAL ECONOMICS, page 62).

Steady questioning by police crumbled the bravado of the precocious quartette. They admitted that waylaying physicians was their specialty; confessed to robbing three besides Dr. Peacock. One of their victims, Dr. L. A. Garness, identified them.

Emil Reick, 19; Robert Goethe, alias Mitchell Didich, 19; Durland Nash, alias Joe Dziedzic, 19; and Michael Livingston, 17, have been indicted for the Peacock murder by the Cook County Grand Jury and are being held for trial. Bad news for the teen-aged bandits is gratifying to the Chicago Medical Society which, shortly after the ill-starred child specialist was slain, offered a $500 reward for the solution of the crime. [*Turn the page*]

Ergoapiol-(Smith)

A Menstrual Regulator . . .

WHEN the periods are irregular, due to constitutional causes, ERGOAPIOL (Smith) is a reliable prescription. Containing apiol (M.H.S. special) together with ergot, aloin and oil of savin of the highest quality, this preparation effectively stimulates uterine tone and controls menstrual and postpartum bleeding.

In cases of ***Amenorrhea, Dysmenorrhea, Menorrhagia*** and ***Metrorrhagia,*** Ergoapiol serves as a good uterine tonic and hemostatic. Valuable in obstetrics after delivery of the child and for the menstrual irregularity of the ***Menopause.***

Prescribe 1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

As a safeguard against imposition the letters MHS are embossed on the inner surface of each capsule, **visible only** when the capsule is cut in half at seam as shown.

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TREATED BY COLLOIDAL ADSORPTION

The Newer, More Rational Method of Removing Acid Excess

Objections to Chemical Neutralization

1. Peptic digestion may be hindered or prevented.
2. Intensive alkaline treatment may lead to alkalosis.
3. A secondary and more pronounced rise of acidity may follow administration.

Advantages of Colloidal Adsorption

Alucol, an allotropic form of aluminum hydroxide, takes up acid *excess* chiefly by colloidal adsorption—a physical, not a chemical, process. Offers these advantages:

1. No interference with digestion—Alucol takes up *excess* acid, leaving sufficiency for continuance of peptic digestion.
2. Alucol does not lead to alkalosis.
3. Does not cause a secondary rise of acidity.

Convince yourself of these advantages by making a clinical test of Alucol. Use this coupon.

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(Colloidal Hydroxide of Aluminum)
Supplied in Tablet and Powder Form

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☐ Tablets or ☐ Powder

Dr._____

Address_____ City_____ State_____

New report shows

BRAN HELPS MAINTAIN IRON SUPPLY

of the human body

THE November, 1935, issue of the *Journal of the American Dietetic Association* reports a comparative study of bran and egg-yolk.

The subjects were healthy young women. The conclusions developed by the experiment were "*that the iron of egg-yolk and of bran can be used with equal efficiency for the maintenance of iron equilibrium in the human adult.*"

This study continues a series of researches, contributing to our information on bran. Some of these tests have confirmed the value of bran as a safe laxative food for normal people. Others have shown that it does not lose its effectiveness with continued use.

Tests have shown that Kellogg's ALL-BRAN supplies "bulk," which absorbs moisture and gently sponges out the intestinal tract. ALL-BRAN corrects constipation due to insufficient "bulk."

Kellogg's ALL-BRAN may be served as a cereal, with milk or cream, or cooked into muffins, breads, etc. Sold by all grocers. Made by Kellogg in Battle Creek.

★ *Press Impressed*

Evidence accumulates that widespread concord may be reached between the profession and the press; that illogical and unnecessary suppression of authentic news by one, and garbled, misrepresentative reporting by the other is being reduced.

The Sedgwick County Medical Society, Wichita, Kansas, deciding recently that its own lack of cooperation might be to blame in part for complaints against the local papers, asked its board of directors to create a press bureau. The committee on health and public instruction was instructed to appoint several qualified physicians in various specialties to be constantly available through the executive office to give accurate information to newsmen on medical articles.

Soon letters began to land on editors' desks. They explained the objectives of the press bureau, offered help in checking any local accident or death, and requested that the bureau, rather than individual physicians, be credited when quotes were indicated.

In New York, Maxwell Hahn, director of public education for the United Hospital Fund, expressed recently to city editors his organization's desire for better cooperation between its member hospitals and the dailies. He solicited suggestions. Editors complained that too often legitimate information about patients is withheld. Mr. Hahn did his part by requesting hospitals to furnish city desks with the names of day and night sources of information.

★ *Science and Art*

Musing on the old homily, "All work and no play makes Jack a dull boy," those who viewed the exhibition of the New York Physicians' Art Club last month went away convinced that some physicians must be very good company indeed. Staged at the New York

Academy of Medicine, the show presented the creations of 66 M.D.'s—a pot-pourri of paintings, sculptures, photographs, and craft work. There were 223 exhibits, of which two were posthumous.

To help physician-artists keep their minds off work and on art, "shop" was discouraged. A restriction on exhibitors provided that none of their efforts should portray actual medical practice in any of its aspects. The hanging committee relented in only two instances: a photograph, "Suspense," by Max Thorek, M.D., in which several doctors and nurses are grouped around a patient on an operating table; and a copy in oils, by H. H. Champlin, M.D., of Johannis Schultiti's seventeenth century engraving of a trussed-up sheep donating its blood to a remarkably unperturbed patient.

Fascination for the apple that keeps the doctor away accounted for many still lifes. Other fruits were abundantly pictured, too, as were many varieties of flowers.

"Speed" and "Modern Sphinx," abstractions by Drs. Constantino Zaino and Frank Hunter Adamo, respectively, proved that, on canvas at least, all physicians are not conservatives.

★ *More Blood for Russia*

Not content with leading the field in the matter of draining blood from fresh cadavers and storing it up for future transfusion, Russia has gone a step further. Now it is the blood of goats, bulls, and hens that is to be piped into human veins, according to recent reports. However, the farmyard's contribution is to be used to augment rather than to replace.

Soviet experimenters have an idea that the blood of mankind's horned or feathered friends may be effective against rheumatism, stomach ulcers, blood poisoning, and anemia. Already much bovine blood has been let into humans during experimental transfusions

YOUR *Younger Patients*

WILL LIKE THIS PRESCRIPTION!

HERE is one prescription over which the youngsters won't make wry faces. When their diet requires a pure fruit juice you can confidently recommend DOLE Hawaiian Pineapple Juice. They'll love it.

The typical analysis included here indicates the easily assimilated content. There is no added sugar in DOLE Hawaiian Pineapple Juice. And there are no preservatives whatsoever. It is the natural juice, vacuum-packed by the exclusive DOLE Fast-Seal System.

Accepted by the American Medical Association Committee on Foods. . . . Hawaiian Pineapple Company, Ltd., Honolulu, Hawaii. Sales Offices: 215 Market St., San Francisco, Calif.

★*Here is a typical analysis of DOLE Pineapple Juice:*

Moisture	85.3%
Ash	0.4
Fat (ether extract)	0.3
Protein (N x 6.25)	0.3
Crude fibre	0.02
Titratable acidity as citric acid	0.9
Reducing sugars as invert sugar	12.4
Carbohydrates other than sugars (by difference)	0.38

And always packed without added sugar!

★ *Send us your name and address on your letterhead for a free sample can of* DOLE *Hawaiian Pineapple Juice.*

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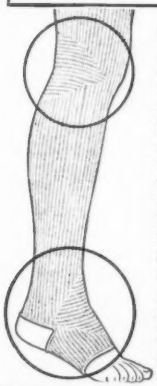
Kendrick Patent No. 1887927



Sprains, strains, varicose veins, swollen limbs . . .

The Kendrick Patent Accordion Stitch brings new comfort to wearers of Seamless Surgical Elastic Hosiery. Stockings fit smooth and even—at ALL points; at ALL times.

Responds instantly and naturally to every movement. Meshes as knee or foot is flexed. Lies perfectly flat when knee or foot is in normal position. No pinching. No chafing. No wrinkling. An exclusive Kendrick development.

Perfectly comfortable.

Practically invisible.

If your dealer does not have this new Seamless Surgical Elastic Hosiery, address James R. Kendrick Co., Inc., 6139 Germantown Avenue, Philadelphia, or 76 Madison Avenue, New York City.

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The plan is simple. You mail the notice to your patients exactly as you do your statement.

It works miracles. Checks arrive with apologies, patients whose bills kept them away return to settle—and come back for treatment. Thousands of physicians testify to these benefits.

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conducted by scientists at the Dnepropetrovsk and Rostov Medical Institutes. The experimenters do not expect recipients to absorb animal blood without its being specially treated. For instance, a bull's blood plasma is drained of its albumen content, leaving only red cells to flow into human bodies.

★ *For the Poor Indian*

To protect the health of its wards among the Blackfeet, Crows, Chippewas, Zunis, and other Indian tribes, the federal government plans to spend, through PWA channels, about $4,250,000 on hospital facilities for Indians. These millions are to cover the costs of improving and expanding existing plants, equipment, and personnel quarters. The ultimate goal is 1,000 additional beds for ailing braves, squaws, and papooses. In Montana, South Dakota, North Carolina, Minnesota, New Mexico, Oregon, Nevada, Arizona, and Washington projects are on location. There is much work to be done. Consequently, many whites as well as Indians on various reservations are finding themselves with jobs and wages. [Timely news, in view of MEDICAL ECONOMICS' article on Indian Service in this issue, page 38.—ED.]

★ *Films of Protection*

Rapid x-ray, made possible by the development of paper film on rolls, bids fair to put into the hands of physicians many hundreds of lung-troubled patients before lurking tuberculosis forces them into sanatoriums or graves.

Most recent among a growing number of x-ray campaigns to unearth incipient cases in special groups was the one launched among 60,000 Brooklyn school children (April MEDICAL ECONOMICS, page 84). There have been many others, and the growing interest of health authorities promises more.

[*Turn the page*]

At the New Low Price Genuine
ELIXIR LACTOPEPTINE N.Y.P.A.
is well within the price range of less satisfactory imitations.

When an Old Favorite keeps in step with the Times . . . . IT KEEPS ON BEING A FAVORITE . . .

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On a 4 oz. Rx the difference in cost is less than . . . . . 3¢
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Now You Can Use the Genuine

ELIXIR LACTOPEPTINE N. Y. P. A.

Because on October 1st we placed on the market a one gallon dispensing package which brings the druggist Genuine ELIXIR LACTOPEPTINE N.Y.P.A. at $3.90 per gallon. This new price is comparable with the average cost of the Lactated Pepsins, and reduces the additional cost per prescription to an amount so small as to be negligible. (See table above.)

You will agree that ELIXIR LACTOPEPTINE N.Y.P.A. is well worth while this small difference in price. Its wealth of digestive enzymes, its palatability, quality and uniformity and its ability to render harsh drugs less irritating make it the digestive vehicle "par excellence." It has a definite clinical value as a digestive adjunct . . . a value not present in any of the imitations.

"PRESCRIBE IT BY NAME. Write the word in full: "Elixir Lactopeptine, N.Y.P.A." or "Genuine Elixir Lactopeptine." Do not abbreviate unless you append the initials "N.Y.P.A."

At this new low price no druggist need use any drug vehicle but the **best!**

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Division of
THE ARLINGTON CHEMICAL COMPANY, YONKERS, N. Y.

FOR FULL NUTRIENT VALUE AND EASY DIGESTIBILITY . . . in Special Diets

EVERY physician knows how difficult it is to keep convalescents and soft diet patients on a prescribed dietary program. Yet delicate bodies must have the full benefit of adequate nutrient values. Heinz Strained Foods *give* these necessary values in a form that is both enjoyable and easily digestible. That is why they receive the hearty recommendation of so many physicians throughout the United States.

As further assurance to you, the doctor, Heinz Strained Foods bear the Seal of Acceptance of the American Medical Association's important Committee on Foods. This means that the claims of high quality and nutrient values for Heinz Strained Foods are recognized as acceptable.

Only the very best of garden fresh ingredients are used in Heinz Strained Foods. These are cooked with dry steam in closed retorts. All air is excluded. Thus the precious vitamins and minerals are preserved to a high degree. Infants especially enjoy and benefit from these delicious strained foods carrying the Heinz 57 Seal of Quality. Do not hesitate to recommend Heinz Strained Foods by name. You can do so with confidence—and the results will be gratifying.

HEINZ STRAINED FOODS

57

10 KINDS — 1. Peas. 2. Carrots. 3. Prunes. 4. Spinach. 5. Green Beans. 6. Tomatoes. 7. Cereal. 8. Apricots and Apple Sauce. 9. Strained Vegetable Soup. 10. Beets.

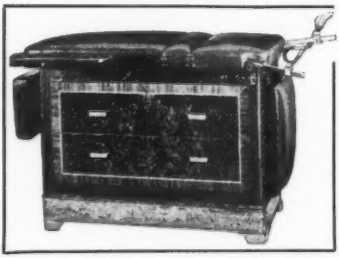
For the past four years several counties and cities in New Jersey have been using this method to curb tuberculosis. In 1932, New Haven, Connecticut, x-rayed 6,502 of its high school youngsters in ten days. A pleased state health department consulted with the state medical society. Result: approval of the idea by physicians and the tuberculosis commission, and, subsequently, similar surveys in 156 Nutmeg communities. School physicians in more than a dozen towns in New York's Nassau County have sponsored the idea; likewise in neighboring Queens County. The search with portable x-ray machines goes on in at least seven counties in Pennsylvania.

School children are not the only subjects. Twelve colleges, among them Vassar, Bryn Mawr, and the University of Pennsylvania, have discovered that they can complete in a few days a survey that used to take a year. The Army, the CCC, a number of factories, and many so-called dust industries are among the groups that are raying adults for hidden trouble.

★ *Wanted: Clean Drugs*

"How do you like your pharmaceuticals packaged?" the profession was asked, in effect, recently. The questioner: a concern that manufactures patented wrappings. Physicians in cities, towns, and hamlets throughout the country checked their choice on survey cards and returned them. Analyzed, the answers showed that protection against dirt is far and away the most necessary factor in medicine packaging as far as M.D.'s are concerned. Fifty-eight per cent said so. Trailing the leader, in order, were: maintenance of product efficacy, prevention of substitution, convenience, attractive appearance, and prevention of breakage.

"Office Atmosphere"



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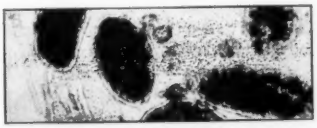
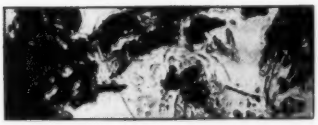
Photomicrographs show Libby's exclusive process breaks up food cells in solid foods . . . releases full nutriment for easier digestion

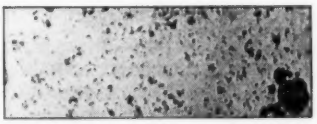
Tests indicate that Libby's special method of Homogenizing baby foods makes them easier to digest, far more nourishing than the most carefully prepared strained foods. It's because Libby's exclusive process completely breaks up food cells —releases full nutriment for easier, more complete digestion. You are invited to write for free samples and a review of clinical and laboratory findings. Address Libby, McNeill & Libby Research Laboratories, Dept. ME-5, Chicago.



Home-Strained Vegetables after 2 hours' in-vitro digestion. Dark areas are whole food cells—almost intact. Nutrients are walled in—often pass undigested into the stool.



Commercially Strained Vegetables after 2 hours' in-vitro digestion. Here also whole food cells are found that imprison valuable nutriment that babies need for growth and development.



Libby's Homogenized Vegetables after only 30 minutes' in-vitro digestion. Notice broken up food cells. All nutrients exposed to digestive enzymes for quick, easy digestion.

Libby's
HOMOGENIZED
BABY FOODS

XUM

Upon what must a baby chiefly depend for normal nutrition and proper growth?

NATURE'S ANSWER

Breast fed infants receive on the average, during the first 10 months of life, approximately 10,400 ounces of breast milk. The average analysis of breast milk, if normal, is Fat 3.5%, Carbohydrate 6.5%, Protein 1.5%, Ash .2%.

10,400 ounces of normal breast milk contain, therefore, approximately:

275,500 grams of water
10,900 grams of fat
20,300 grams of carbohydrate
4,700 grams of protein
620 grams of ash

YOUR ANSWER

Artificially fed infants when taking your prescription of cow's milk, water and HYLAC, receive on the average, during the first 10 months of life, approximately 10,400 ounces of this mixture.

10,400 ounces of your prescription, prepared according to the HYLAC feeding calculator, contain approximately:

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10,700 grams of fat
20,400 grams of carbohydrate
8,000 grams of protein
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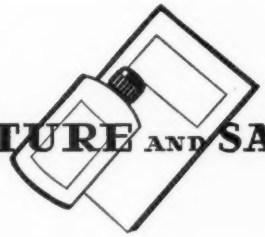

LITERATURE AND SAMPLES

(E1) ETHER ANESTHESIA: Literature describing in detail the King Thermanester will be mailed to physicians upon request. According to its makers, this apparatus offers a completely new and revolutionary method of administration which makes the aspiration of raw ether impossible, thus eliminating post-operative nausea and irritation.

(E2) HIGH BLOOD PRESSURE: Copies of "The Use of Sulphocyanate of Soda in High Blood Pressure," an article reprinted from the *Canadian Medical Association Journal*, can be obtained by forwarding the coupon.

(E3) VITAMIN D MILK: The makers of Vitex, for use in Vitamin D Milk, offer to physicians, for professional information only, a 32-page *Digest of Facts and Opinions* on the product. Prepared by the use of the best authoritative current opinion, the booklet contains information on: types of vitamin D; production of vitamin D milk; indications; and clinical studies of the product. Clip the coupon for your copy.

(E4) BILIARY AND DIGESTIVE DISORDERS: Two new products, Chovanol and Stamyl, are being marketed for use in treating the foregoing conditions. Chovanol, is especially indicated in non-surgical inflammatory diseases of the gallbladder and bile ducts, with or without gallstones; also in catarrhal jaundice, and as an antiseptic and laxative in intestinal disorders. Stamyl has been found particularly useful in defective intestinal digestion as manifested by flatulence, discomfort after meals, loss of appetite, diarrhea, and constipation. Samples of both will be mailed upon request.

(E5) FEVER-INDUCING APPARATUS: Entitled "Hyperpyrexia," this reprint shows results obtained in treating numerous chronic diseases with the Clark Hyperpyrexator. According to literature describing it, this unit is a fever-inducing apparatus which provides graphic and automatic control of body temperature. It is also pointed out that artificially-induced fever, by the Clark method, is capable of attenuating the virulence, inhibiting the growth, and in certain instances, actually destroying the pathogenic organisms. A copy of the reprint is available.

(E6) BLADDER IRRITATIONS: Here's a product, Cystitabs, that is intended for the rapid relief of bladder irritations where the desire to urinate is almost constant, and the urine is scalding and painful. Upon receipt of the coupon a free trial supply will be forwarded for clinical use.

(E7) MINERAL WATERS: This 20-page booklet, "The Therapeutic Value of the Mineral Waters of Vichy, France," with medical bibliography, contains interesting information on the therapeutic value of Vichy Célestins, its property, and its indications in numerous conditions. It points out that Vichy Célestins (bottled in France and brought to the United States) is stable and does not lose its therapeutic power for a long time.

(E8) MEDICAL FILMS: A new edition of the Bell & Howell Medical and Dental Films Source List is now ready for distribution. Its 58 mimeographed pages list films (16 mm.) for rental or purchase on medical, surgical, health, dental, and hygiene subjects, and tell where and how these films may be obtained. Twenty-five cents should accompany the coupon.

For samples and literature, write key numbers of desired items on coupon on next page. Mail to MEDICAL ECONOMICS *before June 15. Requests will be forwarded to the proper manufacturers.*

(E9) FURUNCULOSIS AND ACNE: Copies of "Manganese Therapy of Furunculosis and Pustular Acne," a reprint by Drs. Oliver and Crawford of Massachusetts General Hospital, may be had by mailing the coupon. This paper concerns the use of Crookes Collosol Manganese in treating the above conditions.

(E10) CHRONIC CONSTIPATION: Composed of the active ingredients contained in .05 gm. of extract of aloes, and .1 gm. of deoxycholic acid, Cholmodin is said to be especially effective in all types of intestinal stasis due to atonicity of the intestines. According to a small leaflet, it acts on the entire intestinal tract and its action is positive and certain, yet free from the discomfort associated with drastic cathartics. Besides the leaflet, a generous sample is available.

(E11) SEXUAL DISTURBANCES: Literature on Endo-Virosterone, a new physiologically-standardized male sex hormone, describes this preparation as being in accordance with terms of the Gallagher & Koch method of treatment. Each capon unit of male hormone is said to represent the equivalent activity of about 60 gms. or 930 grs. of fresh testicular substance. Among the indications are: impotence; absence of libidi; ejaculatio praecox; sexual nervous debility; delayed puberty; and enlargement of the prostate. For literature, forward the coupon.

(E12) SPINAL CURVATURE: "The Cause and Cure of Spinal Curvature" is the title of this informative, 35-page book. Its purpose is to discuss in nontechnical language the symptoms and causes of spinal disorders, and to explain how they may be relieved, benefited, and cured by means of the Philo Burt Method. In addition, the company offers a packet of letters in evidence from numerous physicians.

(E13) CAUTERY PISTOL: Descriptive literature on the new National Cautery Pistol is offered to members of the profession. One of the outstanding features of this product is that the handle provides two positions for cautery tips, so that electrodes may be operated with their cutting edges in either vertical or horizontal positions. Also, it is equipped with a "trigger lock" on the handle, making it unnecessary for the operator to exert pressure to maintain electrical contact. Requests will be answered promptly.

(E14) INFANT FEEDING: Because S.M.A. resembles breast milk in so many respects, say the makers, it may be used interchangeably as a supplementary feeding at certain hours, as a complementary feeding after the infant has drained the breasts, or when breast milk is lacking entirely. Mail the coupon for a sample and literature.

(E15) DIAGNOSTIC INSTRUMENTS: A 14-page book, bearing this title, contains illustrations, prices, and detailed specifications of Bausch & Lomb's operating lamps, head mirrors, ophthalmoscopes, otoscopes, retinoscopes, and transilluminators. The book is 8½"x11", punched so that it will fit a standard-size notebook.

MEDICAL ECONOMICS
Rutherford, N. J.

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help give speedy relief in treating stubborn cases of hemorrhoids. They soothe and shrink the congested mucous membrane, and relax the sphincter ani. They minimize itching and burning—a source of great distress. One Suppository inserted in rectum at bedtime.

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